

Case Number:	CM14-0165899		
Date Assigned:	10/13/2014	Date of Injury:	12/02/2013
Decision Date:	11/12/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old male patient who sustained a work related injury on 12/2/2013. He sustained the injury while pushing a large gate. The current diagnoses include lumbar disc displacement, lumbosacral neuritis and lumbar facet arthropathy on the right side. According to the doctor's note dated 9/17/2014, patient had complaints of lower back pain radiating down to the right lower extremity. Physical examination revealed walking on his heels aggravates pain more than toe walking, pain to palpation noted over the L2, L3, L4 and L5, Range of motion-pain to right lateral bending, limited extension, forward flexion 60, extension 15, right lateral flexion 15, rotation 20 degrees, negative straight leg raise bilaterally and positive facet loading on the right, normal strength, sensation and 2+ DTRs in bilateral lower extremities. The medications list includes Mobic. He has had electrodiagnostic study dated 9/17/14 which revealed chronic right L5 radiculopathy and chronic left L4 radiculopathy; lumbar MRI dated 1/15/14 which revealed 2 mm disc bulges at L3 -L4 and L4-L5 with mild indentation of the ventral thecal sac and very mild spinal stenosis at L3 -L4, 3 mm broad posterior disc protrusion at L4-L5 with fissure in the central posterior annulus with mild spinal stenosis and multilevel degenerative arthropathy in the facets overall rated as mild. Her surgical history includes hernia repair and gall bladder surgery in 2009. He had a right medial branch nerve block at L5-S1 and right SI joint injection on 7/1/14. He has had lumbar epidural steroid injection on 2/25/14 and 4/8/2014. He has had TENS and chiropractic therapy for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Medial branch nerve block at L2-3, L3-4, and L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 10/28/14) Facet joint medial branch blocks (therapeutic injections) Facet joint injections, lumbar Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: CA MTUS and ACOEM guidelines do not apply. Therefore ODG used. Per the ODG low back guidelines Facet joint medial branch blocks (therapeutic injections) are "Not recommended except as a diagnostic tool and minimal evidence for treatment." Per the cited guidelines, facet joint intra articular injections are "Under study". In addition, regarding facet joint injections, ODG states, "No more than 2 joint levels may be blocked at any one time.....There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy" The request is for facet joint injections at 3 levels. In addition, there is no documented evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. One of the criteria for medial branch blocks or facet joint injections includes that the pain should be non-radicular in nature. In this patient, the lower back pain radiates down to the right lower extremity. He has had an electrodiagnostic study dated 9/17/14 which revealed chronic right L5 radiculopathy and chronic left L4 radiculopathy. So according to the records the pain is radicular in nature. Therefore there is no high-grade scientific evidence to support the medial branch block for this patient as cited above. The medical necessity of Medial branch nerve block at L2-3, L3-4, and L4-5 is not fully established for this patient at this juncture.