

Case Number:	CM14-0182812		
Date Assigned:	11/07/2014	Date of Injury:	11/19/2009
Decision Date:	12/26/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/03/2014

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 Physical Medicine and Rehabilitation 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:

The underlying date of injury in this case is 11/19/2009. The medical records outline a complex history of low back pain including a prior failed spinal cord stimulation trial and a history of an L4-L5 laminectomy in 2009. The patient's current treating diagnoses include lumbar post laminectomy syndrome, severe depression due to pain, lower extremity radiculitis, anxiety, and lumbar degenerative disc disease. The patient was seen in pain management follow-up on 09/11/2014 with chronic low back and lower extremity pain. Range of motion was decreased severely in the lumbar spine in both flexion and extension. The patient had mild weakness in the right L4 distribution. The treating physician noted a surgeon recently did not feel surgery was appropriate but rather suggested a procedure such as spinal stimulation or neurotomy. The treating physician recommended medial branch blocks at L4, L5, and S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4, L5, S1 Medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Blocks

Decision rationale: Medial branch blocks as requested in this case would be indicated potentially for facet-mediated pain. The ACOEM Guidelines, chapter 12, low back, page 300, state that invasive techniques for facet-mediated pain are of questionable merit. The Official Disability Guidelines/Treatment in Workers Compensation/Low Back discuss facet joint blocks as indicated in some situations but recommend this only for pain that is non-radicular and at no more than two levels and when the clinical presentation is consistent with facet joint pain, signs, and symptoms. In this case, the patient has multifactorial pain which is radicular in nature and is at more than two levels. The medical records do not suggest facet-mediated pain as a probable diagnosis, nor is facet-mediated pain clearly discussed even in the patient's differential diagnosis in the current medical records. For these multiple reasons, this request is not medically necessary.