

Case Number:	CM14-0093090		
Date Assigned:	09/12/2014	Date of Injury:	06/12/2012
Decision Date:	10/23/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 39 year old female who was injured at work on 06/12/2012. The injured worker is reported to have complained of lower back and bilateral extremity pain of 7/10. The examination revealed antalgic gait, small scar on the back. Sitting straight leg raise was negative bilaterally, but supine straight leg raise was positive at 60 degrees in right leg and 70 degrees in the left leg. She had normal strength and sensations. Treatments include Aquatic therapy, L3-L4 discectomy in 12/04/2012; Epidural Steroid injections (the injured worker did not benefit from the third injection); Radio Frequency Ablation (not beneficial); Lumbar corset for travel, Temazepam and Soma. The injured worker has been diagnosed of Lumbar DDD with primarily low back pain failed back surgery syndrome, Occasional bilateral right greater than left lower extremity pain, Status post L3-L4 Discectomy, sleep disturbance and anxiety/ depression, hypothyroidism. At dispute is the request for Bilateral Medial Branch Block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Block: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low Back -

Lumbar & Thoracic (Acute & Chronic))>, <Facet joint diagnostic blocks (injections; Facet joint pain, signs & symptoms))>

Decision rationale: The injured worker sustained a work related injury on 06/12/2012. The medical records provided indicate the diagnosis of Lumbar DDD with primarily low back pain failed back surgery syndrome, Occasional bilateral right greater than left lower extremity pain, Status post L3-L4 Disectomy, sleep disturbance and anxiety/ depression, hypothyroidism. Treatments have included Aquatic therapy; L3-L4 disectomy in 12/04/2012; Epidural Steroid injections (the injured worker did not benefit from the third injection); Radio Frequency Ablation (not beneficial); Lumbar corset for travel; Temazepam and Soma. The medical records provided for review do indicate a medical necessity for Bilateral Medial Branch Block. The Official Disability Guidelines has suggested that indicators of pain related to facet joint pathology include: 1. Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination ;(3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam. Additionally, this guideline recommends one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as treatment option. Therefore since the straight leg test of January 2014 was equivocal (The MTUS states that "...If there is no such response in the sitting position but there is a positive-lying straight-leg raise, a non-organic basis for the pain is suggested"), while the subsequent test on a different date was negative, the injured individual has a negative straight leg test and satisfies the criteria for Diagnostic Medial Branch block. The request is medically necessary.