MAXIMUS Federal Services

Case Number:	CM14-0216232		
Date Assigned:	01/06/2015	Date of Injury:	12/13/1989
Decision Date:	03/03/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, California
Certification(s)/Specialty: Family Practice

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 60 year old male who sustained a work related injury December 13, 1989 while lifting. An MRI lumbar spine performed May 5, 2014(present in medical record) reveals all intervertebral discs are desiccated. The conusmedullaris terminates at the T12-L1 vertebral level. Minimal disc bulges are seen at T12-L1 and L1-L2. L2-L3 disc bulge with superimposed right foraminal and far lateral recess disc protrusion which causes mass effect on the exiting right L2 nerve root resulting in mild to moderate right neural foraminal stenosis. L3-L4 there is biforaminal and right far lateral recess disc protrusions with contact of the exiting right L3 nerve root and mild bilateral neural foraminal stenosis. L4-L5 there is a disc bulge with superimposed right foraminal and far lateral recess disc protrusion causing mass effect on the exiting right L4 nerve root and impingement upon the descending left L5 nerve root. Mild bilateral neural foraminal stenosis is seen and moderate facet arthropathy at this level. According to the primary treating physician's progress report, dated November 17, 2014, the injured worker presented with ongoing lower back pain 8/10, which refers to both legs with aching. He currently is taking OxyContin 20mg every 12 hours reduced from every 8 hours due to itching. The physician further noted medications to include Zoloft and Seroquel. Physical examination reveals; spine tender, lumbar spine tender, facet joint crepitus decreased flexion, extension and lateral bending. Left and right palpation is tender at joint line. Left and right range of motion noted; crepitus decreased flexion with pain and decreased extension. Diagnoses are documented as lumbago, low back pain; radiculitis, lumbar thoracic; myofascial pain syndrome, myalgia. Treatment plan included prescriptions for medications for pain and return visit. A request for authorization dated

December 3, 2014 for (6) lumbar medial branch blocks is noted by the pain management treating physician. Work status is documented as permanently disabled. He has had a urine drug toxicology report on 10/10/13 that was positive for opioid. Per the doctors note dated 12/12/14 patient had complaints of low back pain with radiation of pain in bilateral lower extremity at 8/10 and it was relieved with medication. He had history of sciatica. Physical examination of the low back revealed limited range of motion and tenderness on palpation. The medication list included Oxycodone, Zoloft, and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition (web), 2014, Low Back, Facet Joint Diagnostic Blocks (Injections)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 01/30/15), Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: Request: Lumbar Medial Branch BlockACOEM/MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG low back guidelines medial branch blocks are under study. Criteria for use of therapeutic intra-articular and medial branch blocks are as follows:1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The records provided did not have evidence of a formal plan of rehabilitation in addition to facet joint therapy. As per cited guideline there should be no evidence of radicular pain, spinal stenosis, or previous fusion. Per the doctors note dated 12/12/14 patient had complaints of low back pain with radiation of pain in bilateral lower extremity at 8/10, he had history of sciatica which is evidence of radicular pain. In addition, it is noted in the records that the patients pain was relieved with medications Response to prior rehabilitation therapy including PT and pharmacotherapy was not specified in the records provided. The PT notes are not fully legible. The medical necessity of the request for Lumbar Medial Branch Block is not fully established in this patient.