

Case Number:	CM14-0034293		
Date Assigned:	06/20/2014	Date of Injury:	12/03/1998
Decision Date:	07/23/2015	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/19/2014

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. 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: California

Certification(s)/Specialty: Emergency Medicine

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 female, who sustained an industrial injury on 12/3/98. The injured worker was diagnosed as having post-laminectomy syndrome with prior lumbar discectomy at L5-S1 (1999), disc desiccation at L4-5, right hemilaminectomy at L5-S1 and collapsed disc at L5-S1 with minimal epidural fibrosis. Treatment to date has included oral medications including Norco, physical therapy, lumbar laminectomy and activity restrictions. Currently, the injured worker complains of persistent low back pain rated 7/10 without medications and 3/10 with medications. She notes with medications she is able to take care of household, work and take care of the baby. Her work status is noted to be Future Medical Benefits. Physical exam noted palpatory tenderness on right side of low back and restricted range of motion due to pain. The treatment plan included prescriptions for Norco and Relafen, request for authorization for right L3, L4 and L5 dorsal medial branch diagnostic blocks, physical therapy and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Right L3, L4 and L5 (lower back) dorsal medical branch diagnostic blocks as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM <https://www.acoempracguides.org> Low Back Disorders; Table 2, Summary of Recommendations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: The patient sustained an injury in December of 1998. She has subsequently undergone a laminectomy at the L5/S1 level and developed post-laminectomy syndrome. She has been treated with medications but continues to have pain over the right side of her back. The request is for a diagnostic dorsal medial branch block. The ACOEM guidelines state the following: "There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." The eventual plan was not seen in the records based on the results of the diagnostic block. The guidelines do allow for the use of this procedure to aid in pursuing lesser invasive procedures to aid in pain control, especially when the pain appears to be related to nerve compressive symptoms. The MTUS guidelines do state that criteria for epidural blocks include in part, "No more than two nerve root levels should be injected using transforaminal blocks." and "No more than one interlaminar level should be injected at one session." The request is for a 3 level block to be performed. As such, the request is not medically necessary.