

Case Number:	CM15-0010232		
Date Assigned:	01/27/2015	Date of Injury:	02/25/2011
Decision Date:	03/23/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 56 year old male who sustained a work related injury February 25, 2011. According to a pain management evaluation April 2013, he injured himself while delivering product to restaurants and complains of low back pain with radiation to the left lower extremity, left knee pain and bilateral foot pain. He has been treated with physical therapy, narcotic medication, bilateral L5-S1 selective nerve block and selective epidural steroid injection, and TENS unit therapy. Past history included a diagnosis of non-Hodgkin's lymphoma. On November 19, 2014, the injured worker presented to the treating physician for follow-up evaluation, refill of medications and to discuss pain areas. His gait is slow and antalgic with no assisted devices for ambulation. The lumbar spine is tender to palpation; negative standard leg raise test bilaterally; limited and painful extension and limited flexion at 30 degrees. MRI of the lumbar spine dated July 31, 2014, revealed multi- level disc disease at L2-L5, multi facet arthropathy at L2-L5 and foraminal spondylosis at L2-L4 (report not present in medical record). Diagnoses are lumbosacral spondylosis, degenerative lumbar disc, thoracic/lumbar neuritis/radiculopathy and spinal stenosis lumbar region. Treatment plan included continue medications, order compound cream, physical therapy evaluation and request for lumbar medial branch blocks. According to utilization review dated December 17, 2014, the requests for Bilateral Lumbar Medial Branch Blocks are non- certified, citing MTUS/ACOEM Physical Methods.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG low back chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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.

Decision rationale: The medical records provided for review report back pain but do not document physical examination findings consistent with facet mediated pain as there is no documentation of pain with extension and rotation. Further ODG guidelines do not support more than 1 facet injection in the case of an injured worker having demonstrated physical exam findings of facet mediated pain. The medical records provided for review do not demonstrate findings in support of bilateral medial branch block injections congruent with ODG.