

Case Number:	CM15-0013837		
Date Assigned:	02/02/2015	Date of Injury:	03/11/2014
Decision Date:	04/14/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/23/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female, who sustained an industrial injury on March 11, 2014. She has reported back pain with radiation to the posterior right thigh. The diagnoses have included intervertebral disc disorder with myelopathy of the lumbar region, lumbosacral neuritis or radiculitis, lumbosacral spondylosis without myelopathy, lumbosacral strain, and sacroiliitis. Treatment to date has included MRI, ice/heat, stretching, bilateral transforaminal epidural steroid injection, work and activity modifications, pain and non-steroidal anti-inflammatory medication, and physical therapy. On December 12, 2014, the treating physician noted the injured worker has evidence of a herniated disc and multilevel facet arthropathy on MRI. She complains of back pain with radiation to the legs. She underwent a bilateral transforaminal epidural steroid injection, which improved most of her leg pain. The physical exam revealed non-antalgic gait, normal posture and lumbar lordosis, and tenderness to palpation of the paraspinal and sacroiliac joint. The bilateral sacroiliac joint and right buttock were painful. There was mild muscle spasm, normal paraspinal muscle tone, positive bilateral facet loading, mild restriction of active and passive range of motion, normal muscle testing bilaterally, decreased bilateral Achilles reflex, intact sensation of the bilateral lower extremities, except for diffusely greater on the left. The right Fabre's, sacral thrust, and Gaenslen's tests were guarded. The heel/toe walking was normal, and piriformis maneuvers were positive, with the right greater than the left. The treatment plan included a bilateral lumbar 3-5 medial branch block and to continue her pain medication. On January 14, 2015, Utilization Review non-certified a request for 1 bilateral lumbar 3-5 medial branch block, noting the lack of evidence of examination findings to support facet pathology, and

the injured worker had a positive lumbar epidural injection that confirmed the diagnosis of lumbar radiculopathy. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guideline and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-5 medial branch block-one time: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar 7 Thoracic (Acute & Chronic) Chapter, facet joint injections, Lumbar.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back - Lumbar & Thoracic (Acute & Chronic).

Decision rationale: The injured worker presents with chronic Lumbar radiculopathy due to degenerative disc disease and associated lumbar disc herniation. It is also noted that she has multilevel facet joint degenerative changes with effusions according to lumbar MRI report on July 3, 2014. After receiving lumbar epidural steroid injection which reportedly improved lumbar radicular pain, the injured worker still had persistent axial low back pain. Physical exam was notable for normal neurologic exam, lumbar paraspinal muscle tenderness and restricted lumbar range of motion. Working diagnosis was subsequently concluded, after resolution of lumbar radiculopathy, persistent lumbar facet joint pain and sacroiliac joint dysfunction. The treating physician subsequently recommended proceeding with diagnostic bilateral L3-5 medial branch block injections with possible subsequent medial branch radiofrequency ablation. Utilization review denied request for the requested procedure indicating previous treatment success with lumbar epidural steroid injection. Official disability guidelines recommends diagnostic blocks for facet mediated pain. The presence of successfully treating lumbar radiculopathy due to herniated disc does not preclude facet joint mediated pain. Records sufficiently support signs and symptoms of facet joint pain. ODG guideline criteria are met. The request is therefore medically necessary.