

Case Number:	CM15-0019229		
Date Assigned:	02/09/2015	Date of Injury:	03/29/2004
Decision Date:	03/31/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/02/2015

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 46 year old male, who sustained an industrial injury on March 29, 2004. He has reported injury to the low back area. The diagnoses have included severe disc desiccation L3 to S1, status post discectomy L4-5 as well as complete laminectomy L5, status post posterior lumbar interbody fusion and posterior spinal fusion L4-5 with ICBG and instrumentation as well as revision decompression and discectomy L4-5 to the left. Treatment to date has included diagnostic studies, surgery, epidural injections, home exercises and medications. Currently, the injured worker complains of chronic low back pain with some leg and hip pain. Notes stated that he felt relief and improvement for about two months following his last transforaminal epidural injection. Going from a sitting to standing position is still difficult. He is getting good efficacy with his Nucynta ER and Nuvigil medication. On January 29, 2015, Utilization Review non-certified a left medial branch block L3, left medial branch block L4 and left medial branch block L5, noting the Official Disability Guidelines. On February 2, 2015, the injured worker submitted an application for Independent Medical Review for review of left medial branch block L3, left medial branch block L4 and left medial branch block L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left MBB L3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections)

Decision rationale: The patient presents with low back pain radiating to lower extremities rated at 6/10. The request is for LEFT MBB L3. The request for authorization is dated 01/22/15. The patient is status-post L4/5 fusion, date unspecified. Patient had bilateral L5/S1 TFE on 02/15/14 and 11/26/14 noting he felt "good" relief and felt improvement for about two months. Per progress report dated 01/20/15, treater's treatment plan includes trial of bilateral L5/S1 TFE asap. Patient's diagnosis includes thoracic/lumbosacral neuritis/radiculitis. Straight leg raising is positive. MRI of the lumbar spine 08/22/14 shows posterior disc protrusion of 4mm at T12-L1 and posterior disc bulges of 3mm at L1-2, 3 to 4mm at L3-4, and 4mm at L5-S1 with central canal narrowing that is left-sided. The patient complains of poor sleep quality due to pain. Patient is recommended regular home exercise/physical therapy on an ongoing regular basis. Patient's medications include Klonopin, Lidoderm, Lyrica, Percocet, Pristiq, Nucynta and Nuvigil. Patient is permanent and stationary. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections) Section states: "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." "There should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "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 medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." Treater has not provided reason for the request. ODG guidelines limit blocks for patients with non-radicular low-back pain. In this case, the patient presents with radiating pain into the lower extremities, a radicular pain. Per report dated 11/26/14, pre procedure diagnosis is lumbar radiculopathy. Per progress report dated 10/15/14, treater states "Straight leg raising is positive to the right in a sitting as well as supine position." Furthermore, per progress report dated 01/20/15, treater is recommending L5/S1 TFE, which is used for treat radiculopathy. Therefore, the request IS NOT medically necessary.

Left MBB L4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections)

Decision rationale: The patient presents with low back pain radiating to lower extremities rated at 6/10. The request is for LEFT MBB L4. The patient is status-post L4/5 fusion, date unspecified. Patient had bilateral L5/S1 TFE on 02/15/14 and 11/26/14 noting he felt "good"

relief and felt improvement for about two months. Per progress report dated 01/20/15, treater's treatment plan includes trial of bilateral L5/S1 TFE asap. Patient's diagnosis includes thoracic/lumbar/sacral neuritis/radiculitis. Straight leg raising is positive. MRI of the lumbar spine 08/22/14 shows posterior disc protrusion of 4mm at T12-L1 and posterior disc bulges of 3mm at L1-2, 3 to 4mm at L3-4, and 4mm at L5-S1 with central canal narrowing that is left-sided. The patient complains of poor sleep quality due to pain. Patient is recommended regular home exercise/physical therapy on an ongoing regular basis. Patient's medications include Klonopin, Lidoderm, Lyrica, Percocet, Pristiq, Nucynta and Nuvigil. Patient is permanent and stationary. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections) Section states: "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." "There should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "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 medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." Treater has not provided reason for the request. ODG guidelines limit blocks for patients with non-radicular low-back pain. In this case, the patient presents with radiating pain into the lower extremities, a radicular pain. Per report dated 11/26/14, pre procedure diagnosis is lumbar radiculopathy. Per progress report dated 10/15/14, treater states "Straight leg raising is positive to the right in a sitting as well as supine position." Furthermore, per progress report dated 01/20/15, treater is recommending L5/S1 TFE, which is used for treat radiculopathy. Therefore, the request IS NOT medically necessary.

Left MBB L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections)

Decision rationale: The patient presents with low back pain radiating to lower extremities rated at 6/10. The request is for LEFT MBB L5. The patient is status-post L4/5 fusion, date unspecified. Patient had bilateral L5/S1 TFE on 02/15/14 and 11/26/14 noting he felt "good" relief and felt improvement for about two months. Per progress report dated 01/20/15, treater's treatment plan includes trial of bilateral L5/S1 TFE asap. Patient's diagnosis includes thoracic/lumbar/sacral neuritis/radiculitis. Straight leg raising is positive. MRI of the lumbar spine 08/22/14 shows posterior disc protrusion of 4mm at T12-L1 and posterior disc bulges of 3mm at L1-2, 3 to 4mm at L3-4, and 4mm at L5-S1 with central canal narrowing that is left-sided. The patient complains of poor sleep quality due to pain. Patient is recommended regular home exercise/physical therapy on an ongoing regular basis. Patient's medications include Klonopin, Lidoderm, Lyrica, Percocet, Pristiq, Nucynta and Nuvigil. Patient is permanent and stationary. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections) Section states: "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-

radicular and at no more than two levels bilaterally." "There should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "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 medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." Treater has not provided reason for the request. ODG guidelines limit blocks for patients with non-radicular low-back pain. In this case, the patient presents with radiating pain into the lower extremities, a radicular pain. Per report dated 11/26/14, pre procedure diagnosis is lumbar radiculopathy. Per progress report dated 10/15/14, treater states "Straight leg raising is positive to the right in a sitting as well as supine position." Furthermore, per progress report dated 01/20/15, treater is recommending L5/S1 TFE, which is used for treat radiculopathy. Therefore, the request IS NOT medically necessary.