

Case Number:	CM15-0114340		
Date Assigned:	06/22/2015	Date of Injury:	05/20/2010
Decision Date:	07/22/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/12/2015

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, 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 60 year old male who sustained an industrial injury on May 20, 2010. He has reported low back pain and has been diagnosed with lumbar radiculopathy, herniated nucleus pulposus, and vitamin D deficiency. Treatment has included medical imaging, a home exercise program, medications, injection, and physical therapy. There was tenderness noted upon palpation in the spinal vertebral area and myofascial tenderness was noted on palpation. The range of motion of the lumbar spine was moderately limited secondary to pain. Facet signs were present in the lumbar spine on the right. The treatment request included a right L4-S1 medial branch nerve block under fluoroscopy. A utilization review determination dated May 18, 2015 recommends certification for 12 sessions of lumbar spine physical therapy. The progress report dated May 5, 2015 indicates that the patient's sensory and motor examination of the lower extremities is unchanged. The diagnoses include lumbar radiculopathy and herniated nucleus pulposus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-S1 medical branch nerve block under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG), low back lumbar and thoracic chapter facet joint injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. Decision based on Non-MTUS Citation. Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, it is unclear that the patient has failed conservative treatment options for the axial low back pain, as 12 sessions of physical therapy were recently authorized. Additionally, the patient's diagnoses includes lumbar radiculopathy, and there is no statement indicating that the patient's pain is primarily axial in nature as opposed to primarily radiculopathic. Furthermore, no diagnosis of lumbar facet arthropathy or spondylosis has been included. In the absence of clarity regarding those issues, the currently requested lumbar medial branch blocks are not medically necessary.