

Case Number:	CM15-0117832		
Date Assigned:	06/26/2015	Date of Injury:	10/29/2014
Decision Date:	07/30/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/18/2015

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 24 year old female, who sustained an industrial injury on 10/29/14. The injured worker has complaints of low back pain. The documentation noted that the injured workers gait is slightly antalgic. Examination revealed on thoracic spine palpation tender midline and paraspinal areas and tender thoracic spinous processes and tender lumbar paraspinal muscles and tenderness over midline and paraspinal areas. Left sacroiliac joint tenderness, right sacroiliac joint tenderness, left trochanteric bursa tenderness and right trochanteric bursa tenderness was noted. The diagnoses have included lumbago, low back pain and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included cymbalta; norco; lunesta; heat pad; magnetic resonance imaging (MRI) of the low back showed mild disc dessication and annular bulging at L4-5 without evidence of resultant segmental stenosis or foraminal encroachment and mild facet degeneration at L5-S1 (sacroiliac) and physical therapy. The request was for medial branch block facets lumbosacral, additional level x 2 and additional Level x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

MBB Facets Lumbosacral, Additional Level x 2 and Additional Level x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: Based on the 05/11/15 progress report provided by treating physician, the patient presents with pain to low back, right hip and groin, rated 7/10 with medication. The request is for MBB FACETS LUMBOSACRAL, ADDITIONAL LEVEL X 2 AND ADDITIONAL LEVEL X 2. Patient's diagnosis per Request for Authorization form dated 05/22/15 includes lumbago low back pain, and lumbosacral disc degeneration. Physical examination on 05/11/15 revealed tenderness to palpation to the lumbar paraspinal muscles, bilateral sacroiliac joints and bilateral trochanteric bursae. Decreased range of motion to lumbar spine. Treatment to date has included imaging studies, physical therapy and medications. Patient's medications include Cymbalta, Norco, Lunesta and Phenergan. The patient is off-work, per 05/11/15 report. Treatment reports were provided from 12/01/14 - 05/11/15. 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)." Per 05/11/15 report, treater states "recommend [the patient] have lumbar medial branch blocks. She has a lot of pain with standing and especially with extension. These findings with mechanism of injury and symptoms lead me to believe she needs medial branch blocks and if helpful will recommend radiofrequency lesioning of facet joints." In this case, patient has failed conservative treatment, and continues with back pain that is non-radicular. Per 02/11/15 report, lumbar spine MRI demonstrated "mild facet degeneration at L5-S1" and "L4-5 without evidence of resultant segmental stenosis or foraminal encroachment." Lumbosacral medial branch block at L5-S1 bilaterally would appear to be indicated by guidelines. However, it is not clear what treater means as far as "additional level x2 and additional level x2," in the request. The request as stated appears to indicate injecting more than two levels, multiple times. The requested procedure is not clear and does not appear to be in accordance with guideline indications. Therefore, the request IS NOT medically necessary.