

Case Number:	CM15-0122658		
Date Assigned:	07/06/2015	Date of Injury:	10/14/2013
Decision Date:	07/31/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 52-year-old female who sustained an industrial injury on 10/14/2013 resulting in low back pain. The injured worker was diagnosed with lumbar spine strain, and subsequently, lumbar facet arthropathy. Treatment has included oral medications with no reported benefit, topical Gabapentin reducing pain symptoms and use of oral medication, physical therapy reducing pain levels, and acupuncture with no reported benefit. The injured worker continues to report constant radiating low back pain. The treating physician's plan of care includes bilateral medial branch block at the L4-L5 and L5-S1 levels. She is presently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block at the L4-L5 and L5-S1 levels: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Medial branch block.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, bilateral medial branch blocks at L4 - L5 and L5 - S1 levels are not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with lumbar pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; etc. In this case, the injured worker's working diagnoses are lumbar facet arthropathy; thoracic spine sprain strain; cervical spine sprain strain; and possible cervical radiculopathy. The date of injury is October 14, 2013. The request for authorization is June 2, 2015. The progress note dated May 19, 2015 subjectively states the injured worker has low back pain that radiates to the bilateral thighs with numbness. Pain scale is 6/10. There is also bilateral shoulder pain and neck pain that radiates to the shoulders. Objective, there is tenderness palpation of the lumbar paraspinal muscle groups decreased range of motion. Neurologically, there is decreased sensation over the left C6 and right C8 dermatome. There is decreased sensation over the right L4, L5 and S1 dermatomes. Motor examination was grossly normal. MRI showed mild multilevel degenerative changes. The treating provider stated there was facet arthropathy at L4 - L5 and L5 - S1. The worker received 12 sessions of physical therapy that greatly improved his overall condition. Criteria include lumbar pain that is non-radicular. The injured worker has subjective and objective evidence of radiculopathy on physical examination. Additionally, the ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8). Consequently, absent clinical documentation of non-radicular pain and guideline non-recommendations (ACOEM), bilateral medial branch blocks at L4 - L5 and L5 - S1 levels are not medically necessary.