

Case Number:	CM15-0177232		
Date Assigned:	09/17/2015	Date of Injury:	06/03/2013
Decision Date:	10/27/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/09/2015

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, Hawaii

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:

This is a 37 year old female with a date of injury on 6-3-2013. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain, lumbar disc disease and lumbar radiculopathy. According to the progress report dated 7-29-2015, the injured worker complained of low back pain radiating to the bilateral hips. She stated that her pain was worse. She rated her pain as eight out of ten with medication and nine out of ten without medication. Per the treating physician (7-2-2015), the employee was temporarily totally disabled as there was no light duty available. The physical exam (7-29-2015) revealed positive straight leg raise testing bilaterally. Patrick's and facet loading tests were positive. Sensation was decreased to light touch over the right lower extremity and medial and lateral ankle. There was tenderness to palpation over the lumbar paraspinal muscles, sacroiliac joint region and bilateral greater trochanteric bursa. It was noted that magnetic resonance imaging (MRI) of the lumbar spine done on 12-18- 2014 showed disc herniations at L4-L5 and L5-S1. Treatment has included physical therapy, magnetic resonance imaging (MRI), home exercise program and medications (Tramadol). The physician noted (7-29-2015) that authorization for bilateral L3, L4 and L5 medial branch block was still pending. The original Utilization Review (UR) (9-3-2015) denied a request for bilateral, lumbar facet medial branch block at L3, L4 and L5 with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet medial branch blocks at L3, L4, and L5 with fluoroscopy: 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), Low Back, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lumbar Chapter, Medical Branch Blocks.

Decision rationale: The medical records indicate the patient has complaints of worsening low back pain, radiating to the bilateral hips. The current request is for Bilateral lumbar facet medial branch blocks at L3, L4, and L5 with fluoroscopy. The attending physician states that it does appear that her pain is worsening and we would like to have these procedures done or have place her on potentially addictive opiates and would like to prevent more costly procedures or surgeries in the future. The ODG states that current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. The criteria for the use medial branch blocks are limited to patients with low back pain that is non-radicular and at no more than two levels. In this case, the patient has both signs and symptoms of radiculopathy as well as a diagnoses of radiculopathy. The current request is not consistent with ODG guidelines and therefore is not medically necessary.