

Case Number:	CM15-0178309		
Date Assigned:	09/18/2015	Date of Injury:	07/02/2013
Decision Date:	10/22/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/10/2015

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: Massachusetts

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 67-year-old male, who sustained an industrial injury on 7-2-13. The injured worker was diagnosed as having chronic myofascial pain syndrome; degenerative disc disease lumbar; lumbosacral spondylosis without myelopathy. Treatment to date has included physical therapy; home exercise program; trigger point injection (8-5-15); medications. Diagnostics studies included MRI lumbar spine (6-1-15). Currently, the PR-2 notes dated 8-5-15 indicated the injured worker returned to this office for further evaluation. The provider documents the injured worker is reporting he has been experiencing constant lower back pain that has been "8 out of 10 on a pain scale of 1-10 without medications, as well as pain and numbness in his bilateral lower extremities. He has continued ambulating with the aid of a cane. He reports that he got an epidural steroid injection to the lumbar spine by [a provider] on 6-10-15 but indicates that the effects of the epidural steroid injection are now vanishing. He has upper back pain on a frequent basis that has been 5 out of 10 on a pain scale of 1-10 without medications and reports getting more than 50% improvement in that pain with the trigger point injections which improve his mobility for more than 6 weeks at a time. He reports getting greater than 60-70% improvement in both his overall pain and ability to function with his current medications, which decrease his pain to 2 out of 10, and allows him to perform activities of daily living with greater ease, such as sitting, walking, bending, lifting, bathing, cooking, sleeping and socializing. He has been feeling mildly depressed and has noted moderate difficulty sleeping without medications." The provider continues with his documentation of Objective findings "The ranges of motion of the thoracic and lumbar spine were slightly-to-moderately restricted in all

planes on today's examination. There were multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature, as well as in the gluteal muscles. Romberg-positive. He could perform tandem gait with his eyes open, but he could not perform tandem gait with his eyes closed. He was ambulating with a cane. Sensation to fine touch and pinprick was decreased in the bilateral calf area. Distal muscles were decreased at 4 out of 5 in both feet. Ankle jerks were absent bilaterally." The treatment plan included a trigger point injection on this date for the thoracic muscles. He also refilled medications. A PR-2 dated 8-3-15 documents a MRI of the lumbar spine reported on 6-1-15 revealing - "Mild levoscoliosis lumbar spine. Grade 1 anterolisthesis of L4 on L5. Moderate central canal stenosis with moderate bilateral intervertebral neural foramina stenosis at this level. Multilevel disc desiccation. Multilevel facet joint arthritis change. Mild central canal stenosis L3-L4." On this date the provider documents average pain scale since last visit "8 out of 10". On physical examination the provider documents "On exam, the patient complains of on going back pain greater leg pain, complains with multiple level degenerative disc disease causing axial back pain and leg pain with complains of stenosis at L4-5 and spondylosis secondary to spondylolisthesis. He is using a cane today. He has both discogenic and facetogenic pain symptoms at this point. There is no new deficit. He has axial low back pain, leg pain with spondylosis." A Request for Authorization is dated 9-10-15. A Utilization Review letter is dated 8-10-15 and non-certification was Lumbar MBB (Medial Branch Blocks) at L2, 3 4. Utilization Review denied the requested treatment for not meeting the ODG Guidelines stating "ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally, conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. However, the notes reflect the patient has pain consistent with radicular pain. He has severe leg symptoms as well as MRI evidence of neural foraminal stenosis and central canal stenosis. Additionally, there is no mention of failure of conservative measures. Furthermore, guidelines recommend no more than 2 levels to be injected." The provider is requesting authorization of Lumbar MBB (Medial Branch Blocks) at L2, 3 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MBB (Medial Branch Blocks) at L2, 3 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain. Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in July 2013 and is being treated for low back pain and bilateral leg pain with numbness and tingling. When seen, he was having severe, constant symptoms rated at 8/10. He was having difficulty sleeping. Physical examination findings included ambulating with a cane. Medications were continued and

authorization for facet blocks was requested. Criteria for the use of diagnostic blocks for facet-mediated pain include patients with low-back pain that is non-radicular. In this case, there are no physical examination findings that support a diagnosis of facet-mediated pain such as facet tenderness or reproduction of symptoms with facet loading maneuvers and the claimant is having ongoing radicular pain. The requested medial branch block procedure is not considered medically necessary.