

Case Number:	CM15-0179758		
Date Assigned:	09/21/2015	Date of Injury:	02/10/2014
Decision Date:	10/23/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/11/2015

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 35 year old male, who sustained an industrial injury on 2-10-14. He reported low back pain and bilateral leg pain. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc, lumbar radiculopathy, lumbar sprain, low back strain, and osteoarthritis of spinal facet joint. Treatment to date has included an epidural injection, left L4-S1 nerve blocks on 4-28-15, physical therapy, a home exercise program, chiropractic treatment and medication. On 8-26-15 pain was rated as 8 of 10 without medication and 5 of 10 with medication. On 8-26-15 the treating physician noted "the patient reports pain moderately interferes with his relationships, mood, sleeping patterns, work and concentration and his overall functioning." Physical examination findings on 8-26-15 included severe pain and spasms across the lumbosacral area left greater than right with 30% restriction of flexion, 80% restriction of extension and 50% restriction in lateral bending. Straight leg raising was negative bilaterally and facet loading maneuvers were positive. Normal motor and sensory function was noted and deep tendon reflexes were normal. Currently, the injured worker complains of low back pain and leg pain. On 8-26-15 the treating physician requested authorization for medial branch facet blocks at left L4, L5, ALAR, and S1. On 9-4-15 the request was non-certified; the utilization review physician noted "as per the guidelines, facet joint medial branch blocks are not recommended for radicular pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch facet block left L4, L5, ALAR, S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter - Facet joint diagnostic blocks (injections).

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 February 2014 and is being treated for low back, bilateral leg, and bilateral heel pain. He underwent a left L4 selective nerve root injection on 04/28/15. When seen, he was no longer having leg pain. Pain was rated at 5-8/10. Physical examination findings included positive lumbar facet loading. There was decreased spinal range of motion with pain and muscle spasms on the left greater than right side. There was a normal neurological examination. Authorization was requested for left lumbar medial branch blocks from L4 to S1. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant is no longer having radicular symptoms and there is a normal neurological examination. He has axial low back pain with positive facet loading and has undergone prior conservative treatments. The criteria are met and a medial branch block procedure is medically necessary. However, the medial branches being requested are L4, L5, and what would be the S1 dorsal ramus. The corresponding medial branches for blocking the L4/5 and L5/S1 facet joints would be L3, L4, and L5. For this reason the request is not medically necessary.