MAXIMUS Federal Services

Case Number:	CM15-0065334		
Date Assigned:	04/13/2015	Date of Injury:	03/12/2014
Decision Date:	05/13/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/07/2015

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 44 year old male, who sustained an industrial injury on 3/12/14. He reported initial complaints of mid back pain. The injured worker was diagnosed as having neck strain/sprain; degenerative lumbar-lumbosacral IV disc; spinal stenosis lumbar without neuro claudication; lumbar degenerative disc disease; narcotic dependency: history of withdrawal. Treatment to date has included chiropractic therapy; physical therapy; acupuncture; MRI cervical, thoracic and lumbar spine (2014); medications. Currently, the PR-2 notes dated 3/26/15 indicates the injured worker was there for a follow-up for chronic neck pain, upper back pain, low back pain. The injured worker complained of burning and stabbing sensation primarily over the lower lumbar spine but did radiate up the back and into the neck. He also notes radiation of pain into the lower buttock but not the extremities. Current pain level is 6/10. A MRI of the cervical and lumbar spine from 2014 reports foraminal stenosis bilaterally at L4-5 and L3-4 through L5-S1 central stenosis and moderately severe L5-S1 degenerative disc disease. The provider has requested an Injection- Epidural spinal (CESI, TESI, LESI) Medial Branch Blocks L4-L5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection- Epidural spinal (CESI, TESI, LESI) Medial Branch Blocks L4-L5, L5-S1, Back:
Overturned

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 Chapter, Medial Branch Blocks.

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: The patient presents with neck, upper back and low back pain rated at 6/10. The request is for INJECTION - EPIDURAL SPINAL (CESI, TESI, LESI) MEDIAL BRANCH BLOCKS L4-L5, L5-S1, BACK. The request for authorization is Medial Branch Blocks Bilateral L4-5, L5-S1 and dated, 03/31/15. MRI of the lumbar spine, 04/02/14, shows L4-5 central disc protrusion, disc desiccation, facet arthropathy with mild effusion, foraminal stenosis, no listhesis; moderately severe L5-S1 DDD, collapse of disc space; no evidence of Modic endplate changes; multiple levels of epidural lipomatosis and congenitally short pedicles result in moderate L3-4 through L5-S1 central stenosis. Physical examination of the lumbar spine reveals tenderness primarily in the midline and paravertebral area bilaterally from L4-S1. There is some mild tenderness to the PSIS. Range of motion is decreased with increased back pain. Neurologically sensation, reflexes and motor testing were intact in both lower extremities. Straight leg raising is negative. Patient describes a burning and stabbing sensation primarily in the lower lumbar spine but does radiate up the back and into the neck. He gets some radiation into the lower buttock, but reports no specific radicular symptoms into the legs, with the exception of a rare occasion of symptoms radiating down towards the knee. No dermatomal radiating pain or numbness. Leg symptoms present intermittently when back pain is more severe. Prior chiropractic treatments helped to improve neck and upper back pain to a more tolerable and mild level. Other treatments include physical therapy, acupuncture and medication. Patient's medications include Cyclobenzaprine, Hydrochlorothiazide, Levecetirizine, Lisinopril, Naproxen Sodium and Hydrocodone-Acetaminophen. Per progress report dated, 03/04/15, the patient is out of work.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." As well as, "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 progress report dated, 03/26/15, treater's reason for the request is "The flexion bias predicts the possibility he may benefit from lumbar facet MBB and potentially RFA." In this case, MRI of the lumbar spine, 04/02/14, does show disc protrusion and spinal stenosis. However, the patient has mostly back pain with minimal leg symptoms. Physical examination of the lumbar spine reveals tenderness bilaterally L4-S1, decreased range of motion, neurologically intact and negative straight leg raise. Given the patient's symptoms and lack of dermatomal distribution of pain with physical examination evidence of radicular pain, the request appears reasonable. Therefore, the request IS medically necessary.