

Case Number:	CM15-0073382		
Date Assigned:	04/23/2015	Date of Injury:	06/22/2011
Decision Date:	11/23/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/17/2015

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: Preventive Medicine, Occupational 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:

This is a 63-year-old male with a date of industrial injury 6-22-2011. The medical records indicated the injured worker (IW) was treated for chronic pain syndrome; thoracic or lumbosacral neuritis or radiculitis, unspecified; lumbago; and degeneration of lumbar or lumbosacral intervertebral disc. In the progress notes (3-10-15, 4-9-15), the IW reported severe right hip pain with escalating low back pain with spasm and weakness. His pain impacted his work, concentration, mood, sleeping pattern and overall functioning. On examination (4-9-15 notes), he walked with a cane. There was tenderness over the lumbar spine and restricted range of motion. Straight leg raise was positive on the right. Sensation was decreased in the L4-5 dermatomes in the right thigh. Treatments included Norco, Tramadol, Gabapentin, Flector patch, Celebrex, heat, ice and gentle stretching, exercise, epidural steroid injections (which were minimally helpful) and facet blocks and radiofrequency rhizotomy at L4-5 and L5-S1 (2012, with 70% pain relief for about 2 months). Subsequent medical legal reports note only short term relief from prior rhizotomy. MRI of the lumbar spine on 7-7-14 showed post-surgical changes at L4-5 and L5-S1, displacement of the L5 nerve root in the lateral recess and residual neural foraminal stenosis at L5-S1. A Request for Authorization was received for right medial branch block L4-L5, L5-S1. The Utilization Review on 4-13-15 non-certified the request for right medial branch block L4-L5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right medial branch block L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, 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) Back/Facet joint diagnostic blocks Back/Facet joint rhizotomies.

Decision rationale: MTUS Guidelines are not supportive of facet oriented procedures if there is a radiculopathy/radiculitis emanating from the same spinal levels. This individual's pain reports and dermatomal findings are consistent with a radiculitis/post laminectomy syndrome involving this area. In addition, the request for the facet medial branch blocks is lead to potential facet neurotomies which this individual has had. Guidelines do not recommend repeat neurotomies (rhizotomies) unless the prior one lead to significant improvement for greater than 12 weeks. There is no evidence in the records reviewed that the prior response met these criteria. A subsequent medical legal evaluation documents a response, but states that it was short lived and there was no recommendation to repeat it. Under these circumstances, the request for the Right medial branch block L4-L5, L5-S1 is not supported by Guidelines and is not medically necessary.