

Case Number:	CM15-0074421		
Date Assigned:	04/24/2015	Date of Injury:	11/21/2011
Decision Date:	05/22/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/20/2015

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 50-year-old male, with a reported date of injury of 11/21/2011. The diagnoses include lumbar facet arthropathy, failed low back surgery syndrome, status post spinal fusion at L4-S1, and lumbar spondylosis without myelopathy. Treatments to date have included a cane, an intralaminar epidural steroid injection, Oxycodone, OxyContin, Soma, sacroiliac joint injections, a single point cane, an MRI of the lumbar spine, a CT myelogram of the lumbar spine, and a home exercise program. The progress report dated 02/12/2015 indicates that the injured worker complained of increased low back pain with shooting pain into both of his legs. He said that his lower back pain continued to be the most severe at that time. The injured worker rated his pain 10 out of 10 without medications, and 9 out of 10 with medications. The objective findings include a slightly forward, flexed, and moderately antalgic gait, moderate tenderness to palpation of the bilateral lumbar paraspinal muscles greatest over the bilateral L3-4 facet region and bilateral sacroiliac joints, decreased lumbar flexion, decreased lumbar extension, and pain with facet loading challenge in the bilateral L3-4. The treating physician requested lumbar facet medial branch block at the bilateral L3-4. It was noted that this was a more definitive treatment in an effort to decrease pain and decrease opiate dosage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet medial branch block bilateral L3-4: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG Official Disability Guidelines Low Back chapter.

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 50 year old patient presents with low back pain, rated 10/10. The request is for lumbar facet medial branch block bilateral L3-4. The provided RFA is dated 02/12/15 and the date of injury is 11/21/11. The diagnoses include lumbar facet arthropathy, failed low back surgery syndrome, status post spinal fusion at L4-S1, and lumbar spondylosis without myelopathy. Per 02/12/15 report, physical examination of the lumbar spine revealed tenderness to palpation, greatest over the bilateral L3-4 facet joint, as well as over the bilateral SI joints. Decreased range of motion and positive Faber's bilaterally. The patient has an antalgic gait and ambulates with a cane. Examination did not include SLR test. MRI of the lumbar spine performed on 01/02/15, revealed at L3-L4 is DDD. 2mm retrolisthesis of diffuse disc and bony ridging, lateral disc spurring, greater on the right. Facet arthropathy, mild narrowing of the central canal. Medications include Oxycodone, OxyContin, Wellbutrin, Soma and Xanax. The patient is permanent and stationary. 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." "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. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level.] (Franklin, 2008)" In regards to the request for lumbar medial branch block, the request appears reasonable. Progress notes provided do not indicate that this patient has undergone any lumbar medial blocks to date. There is no evidence that this patient has undergone any fusions at this level to date, either. Given the patient's non-radicular low back pain and MRI findings, a medial branch block appears within guidelines. Therefore, the request is medically necessary.