

Case Number:	CM15-0077070		
Date Assigned:	04/28/2015	Date of Injury:	04/12/2007
Decision Date:	05/26/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/22/2015

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 47 year old male, who sustained an industrial injury on 4/12/2007. He reported injury to his low back after falling. Diagnoses have included lumbar facet arthropathy, lumbar myofascial strain, thoracic myofascial strain, bilateral L4, L5 and S1 radiculopathies per electromyography (EMG) and lumbago. Treatment to date has included epidural steroid injection, chiropractic treatment, micro-lumbar decompression, physical therapy, and trigger point injections. According to the progress report dated 3/10/2015, the injured worker complained of constant achy neck pain that radiated around to his left ear. He rated his neck complaints as 8/10. He also complained of constant, achy low back pain that radiated down the left lower extremity to the foot. He noted numbness, tingling and weakness down the left lower extremity to the foot. The low back complaints were rated 8/10 on the pain scale. He used a lumbar brace for support. Physical exam revealed decreased range of motion of the cervical and lumbar spines. There was positive facet challenge to the bilateral lumbar spine. There was decreased sensation to the L4, L5 and S1 dermatomes on the left. Authorization was requested for a diagnostic medial branch block to the bilateral L4-5 and L5-S1 as a therapeutic step toward rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) diagnostic MBB to the bilateral L4-5 and L5-S1 as a therapeutic step toward rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Branch Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300. Decision based on Non-MTUS Citation ODG, Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Submitted reports have not demonstrated clear indication and medical necessity for the facet blocks. The patient exhibits radicular symptoms to lower extremity with associated weakness consistent with clinical findings by multiple providers with confirmed MRI results of intervertebral disc disorder and lumbar radiculopathy specifically identified on EMG study. Additionally, submitted reports show no clear exam findings consistent with facet arthropathy nor is there extenuating circumstances to require blocks beyond the guidelines criteria. The One (1) diagnostic MBB to the bilateral L4-5 and L5-S1 as a therapeutic step toward rhizotomy is not medically necessary and appropriate.