

Case Number:	CM15-0077944		
Date Assigned:	04/29/2015	Date of Injury:	04/14/2006
Decision Date:	05/28/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/23/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on 4/14/2006. Diagnoses have included post-laminectomy syndrome of the lumbar region, degeneration of lumbar or lumbosacral intervertebral disc and radiculitis. Treatment to date has included trigger point injections, lumbar surgery, physical therapy and medication. According to the progress report dated 3/30/2015, the injured worker complained of low back pain and pain in both ankles. He reported 50% relief after bilateral facet blocks and improved function with activities of daily living by 60%. Objective findings revealed pain with extended range of motion of the lumbar spine. Authorization was requested for bilateral L3-L4 medial branch block under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block at L3-L4 under fluoroscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low back chapter. Facet joint diagnostic blocks section.

Decision rationale: Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. 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 a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Suggested indicators of pain related to facet joint pathology (acknowledging the contradictory findings in current research): (1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) Predominate axial low back pain; (3) Absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee. The clinical picture for this injured worker is quite complex. The physical exam findings have generally not shown evidence of a radiculopathy. The injured worker has had low back pain radiating to the bilateral, posterior thighs. A previous medial joint block at L4-L5 previously produced pain relief for 2 1/2 weeks. The MRI scan does reveal evidence of facet hypertrophy at L3-L4, A previous EMG/NCV of the lower extremities were suggestive of a right L4-L5 radiculopathy. The physical exam has shown axial back pain with a positive compression test. In sum, the physical exam and subjective history has been more consistent with facet disease than a radiculopathy, but the picture is far from clear. The overall impression does seem to favor facet medicated pain and hence a bilateral medial branch block at L3-L4 for diagnostic purposes is medically appropriate and necessary.