

Case Number:	CM15-0091368		
Date Assigned:	05/18/2015	Date of Injury:	09/10/2013
Decision Date:	06/17/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41-year-old female, with a reported date of injury of 09/10/2013. The diagnoses include lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis with degenerative disc disease, lumbar disc disease, posterior annular tear at L5-S1, and lumbar spine facet syndrome. Treatments to date have included two transforaminal epidural steroid injection for the lumbar spine, home exercise program, physical therapy, chiropractic treatment, x-ray of the lumbar spine on 12/02/2014 which showed four millimeter disc extrusion at L4-5 and three millimeter disc protrusion at L4-L5 and L5-S1, oral medications, and an MRI of the lumbar spine on 10/24/2013 and 03/16/2015. The most recent MRI showed disc herniation with abutment of the descending nerve roots and posterior annular tear. The progress report dated 02/13/2015 indicates that the injured worker had an epidural steroid injection on 01/19/2015 with no improvement. She complained of low back pain with radiation to the bottom of both feet, right greater than left with numbness and tingling. The follow-up evaluation report dated 03/24/2015 indicates that the injured worker complained of low back pain, which she rated 7-8 out of 10. The pain was described as unchanged. An examination of the lumbar spine showed diffuse tenderness with spasms over the lumbar paravertebral musculature, moderate facet tenderness over the L4-S1 spinous processes, positive bilateral straight leg raise test with pain, decreased range of motion, intact sensation, normal lower extremity reflexes, and decreased lower extremity muscle testing. The treating physician requested one bilateral L3-L5 medial branch block. It was noted that the injured worker had facet pain on physical examination and

facet arthropathy on MRI scan; she had failed conservative treatment; and her radicular symptoms had improved since the epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L5 Medial Branch Block: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) The claimant sustained a work-related injury in September 2013. When seen, she was having low back pain rated at 7-8/10 and increased with walking. There was moderate facet tenderness and decreased range of motion. Facet loading was positive. Prior conservative treatments had included medications, chiropractic care, and physical therapy including a home exercise program. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has axial low back pain with positive facet loading and has undergone extensive prior conservative treatment. The criteria are met and therefore the requested lumbar medial branch block procedure is medically necessary. Low Back-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work-related injury in September 2013. When seen, she was having low back pain rated at 7-8/10 and increased with walking. There was moderate facet tenderness and decreased range of motion. Facet loading was positive. Prior conservative treatments had included medications, chiropractic care, and physical therapy including a home exercise program. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has axial low back pain with positive facet loading and has undergone extensive prior conservative treatment. The criteria are met and therefore the requested lumbar medial branch block procedure is medically necessary. Low Back-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).