

Case Number:	CM15-0097450		
Date Assigned:	05/28/2015	Date of Injury:	05/02/2014
Decision Date:	06/26/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/20/2015

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 61 year old male, who sustained an industrial injury on May 2, 2014. Treatment to date has included x-rays of the cervical spine, MRI of the lumbar spine, physical therapy, medications and TENS unit. Currently, the injured worker complains of low back pain, left knee pain and neck pain. He rates his pain an 8 on a 10-point scale without medications and a 7 on a 10-point scale with medications. On physical examination, the injured worker ambulates with a normal gait and has normal heel-toe walking. There is no evidence of weakness when walking on toes or heels. He has tenderness to palpation over the lumbar paravertebral muscles. An MRI of the lumbar spine on May 21, 2014 reveals multi-level disc degeneration with disc bulges and mild disc height loss at L3-S1, moderate facet arthropathy and moderate bilateral foraminal stenosis of L3-4 and L4-5. The diagnoses associated with the request include L3-S1 facet arthropathy, L3-4 and L4-5 disc degeneration, moderate bilateral foraminal stenosis of L3-4 and L4-5, left L4-L5 radiculopathy and L3-4 and L4-5 disc herniation. The treatment plan includes medial branch block/facet blocks from L3-S1 bilaterally in consideration of possible radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 medial branch blocks/facet from L3-S1 bilaterally (6 units): 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), Low Back - Lumbar & Thoracic (Acute & Chronic): Facet joint radiofrequency neurotomy.

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 rationale: Review indicates the request for lumbar medial branch blocks bilaterally at L3-S1 of 6 units was modified for 2 joint levels for 4 units. 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 with MRI showing multilevel disc bulges with possible nerve impingement. Additionally, submitted reports show no clear exam findings consistent with 3 level facet arthropathy nor is there extenuating circumstances to require multiple vertebral level blocks beyond the guidelines criteria. The 1 medial branch blocks/facet from L3-S1 bilaterally (6 units) is not medically necessary or appropriate.