

Case Number:	CM15-0099289		
Date Assigned:	06/01/2015	Date of Injury:	10/31/2011
Decision Date:	07/07/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/22/2015

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 25-year-old female, who sustained an industrial injury on 10/31/2011. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include chronic low back pain with right upper leg pain and lumbar degenerative disc disease. Treatments to date include medication management, therapy, epidural steroid injections noted to have been unsuccessful in relieving symptoms and facet steroid injections noted to have been successful at relieving symptoms. Currently, she complained of low back pain with radiation into the right buttock and leg. She continued to complete home exercises and self-administer Norco with relief. On 4/21/15, the physical examination documented an intact gait, normal strength and sensation in bilateral lower extremities and a negative straight leg raise test. The medical records indicated previous requests for facet injections and a weight loss program were denied. The plan of care included medial branch block at L4-5 on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block at Right L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG regarding Lumbar & Thoracic - Acute & Chronic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, Facet joint diagnostic blocks.

Decision rationale: This patient presents with chronic low back pain. The current request is for MEDIAL BRANCH BLOCK AT RIGHT L4-5. The Request for Authorization is dated 05/12/15. Treatments to date include medication management, TENS, physical therapy, lumbar facet injections and epidural steroid injection. The patient remains TTD. ACOEM Guidelines do not discuss facet joint syndrome but does support medial branch diagnostic blocks on page 301. The ODG guidelines under the low back chapter regarding Facet joint diagnostic blocks provide more detailed discussion and allows for facet diagnostic evaluation, but not therapeutic injections for facet joints. ODG Guidelines does support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms and no more than 2 levels bilaterally are to be injected. EMG/NCS of the lower extremities from 02/13/14 were within normal limits. MRI of the lumbar spine from 09/10/14 revealed at level L4-5 ?a combination of left facet arthrosis and ligamentum flavum hypertrophy plus a central to left lateral disc bulge causing moderate lateral recess stenosis. ODG guidelines limit facet blocks for patients with non-radicular low-back pain and this patient presents with radiating pain into the lower extremities. In addition, ODG does not support more than one diagnostic Lumbar Medial Branch Block and this patient had a facet joint injection or median branch block back in 2008. The next step would be a RF ablation if the prior diagnostic resulted in greater than 70% reduction of pain for the duration of the anesthetic agent used. This request IS NOT medically necessary.