

Case Number:	CM14-0144976		
Date Assigned:	09/12/2014	Date of Injury:	08/29/2013
Decision Date:	10/22/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55 year old male who was injured on 08/29/13 when he twisted his back. The injured worker complains of low back pain which radiates to the bilateral lower extremities to the feet. An electrodiagnostic study completed 03/08/14 reveals findings consistent with a diabetic polyneuropathy and an L5-S1 radiculopathy. Records reference an MRI of the lumbar spine dated 10/08/13 is significant for grade I spondylolisthesis, bilateral spondylosis and a minor annular bulge at L5-S1 with encroachment on the traversing left and minor encroachment on the traversing right L5 nerve roots. The injured worker is diagnosed with lumbar radiculopathy, bilateral foraminal stenosis and facet arthropathy. Records indicate the injured worker has completed approximately 10 sessions of physical therapy which increased pain. The injured worker denied additional physical therapy due to this response. The injured worker has also had one session of acupuncture with no relief. The injured worker underwent an ESI at bilateral L5 roots on 06/26/14 with approximately 50% relief for three days. Records indicate a surgical fusion at L5 is being considered; however, the injured worker is interested in attempting MBB prior to consenting to surgery. Clinical note dated 07/25/14 states the injured worker complains of low back pain with pain, weakness, numbness, tingling and cramping down the bilateral lower extremities to the bottom of the feet. Back symptoms are reportedly worse than lower extremity symptoms and the right lower extremity is worse than the left. Physical examination reveals the injured worker is moderately tender to palpation of the lumbar spine midline at L4-5 and bilaterally at the lumbar paraspinal muscles. Lumbar ROM is 30 degrees flexion, 15 degrees extension with elicited pain and 20 degrees right and left lateral bend. There is positive facet loading. Sensation is decreased in the right lower extremity in an L5 distribution. Bilateral patellar reflexes are decreased. Achilles reflexes are normal. Strength of the bilateral tibialis anterior is 5-/5. Strength is otherwise 5/5 about the bilateral lower extremities. SLR is

positive bilaterally at 70 degrees with pain produced to the ankle on the left and to the foot on the right. Citing failure to appropriately respond to a TFESI at bilateral L5, an MBB at bilateral L5-S1 is requested. This request is subsequently denied by Utilization Review dated 08/15/14 citing objective examination findings suggestive of an active radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block at bilateral L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic Chapter, sections on Facet joint diagnostic blocks and Facet joint pain, signs & symptoms

Decision rationale: The request for one medial branch block at bilateral L5-S1 is not recommended as medically necessary. ACOEM does not fully support the use of invasive techniques such as facet injections; however Official Disability Guidelines has been updated more recently and addresses the criteria for the use of facet joint injections. These criteria include a clinical presentation consistent with signs and symptoms of facet mediated pain. Findings should include tenderness of the paravertebral areas (over the facet region), a normal sensory examination and an absence of radicular findings. The submitted physical examination included findings consistent with an active radiculopathy, such as decreased sensation and a SLR with pain produced through the lower extremities to the left ankle and right foot. This is a contraindication for the use of facet joint injections. Based on the clinical information provided, medical necessity of a medial branch block at bilateral L5-S1 is not established.