

Case Number:	CM13-0002022		
Date Assigned:	12/11/2013	Date of Injury:	01/01/2009
Decision Date:	01/16/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 patient is a 51-year-old female who reported an injury on 06/22/2009. The patient is currently diagnosed with low back pain. The patient was recently evaluated by [REDACTED] on 06/11/2013. The patient complained of left-sided lower back pain. Physical examination was not provided. Treatment recommendations included continuation of current medications and an L2-4 dorsal medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L2, L3, L4 dorsal medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition, Facet joint pain, signs & symptoms

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Injections.

Decision rationale: Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs and symptoms. Facet joint diagnostic blocks are limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. There should

also be documentation of a failure to respond to conservative treatment. As per the clinical notes submitted, the patient underwent an MRI of the lumbar spine on 05/28/2013, which revealed L3-4 mild central canal narrowing and right-sided neural foraminal narrowing due to degenerative disc disease, as well as L4-5 mild left-sided neural foraminal narrowing due to degenerative disc disease. There is no evidence of a facet abnormality upon imaging study. Additionally, the previous physician progress report submitted on 04/29/2013 by [REDACTED] indicated decreased range of motion, decreased strength, and positive straight leg raising on the left. There is no evidence of this patient's failure to respond to conservative treatment, including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 weeks to 6 weeks. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.