

Case Number:	CM13-0002899		
Date Assigned:	12/27/2013	Date of Injury:	07/13/2009
Decision Date:	05/05/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/24/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 56-year-old male with a date of injury of 07/03/2009. The listed diagnoses per [REDACTED] are: 1. Lumbar strain/sprain. 2. Low back pain. 3. Diskogenic pain. 4. Facet syndrome. 5. Lumbosacral radiculopathy. 6. Hip pain. 7. Chronic pain. According to report dated 06/17/2013, the patient presents with continued low back pain. Clinical impression states "consistent as of 05/05/2011 with lumbar discogenic slightly more likely than facet pain more on left with possible lumbosacral radicular problem". The treater requests a trial of right lumbar medial branch blocks at the lower 3 root levels "to cover the lower 2 joints per guidelines as he has clinical findings consistent with facet pain". There is no physical examination. Report dated 05/10/2013 revealed upon examination of the lumbar spine, patient has pain with flexion and extension, more to the right than left. The pain radiates to his hip and buttock. Palpable tenderness over the facet joints was noted. Treater states patient is consistent with both radicular and mechanical pain and requests aquatic exercise at an aquatic club and trial of right lumbar medial branch blocks at lower 3 root levels

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL RIGHT LUMBAR MEDIAL BRANCH BLOCKS, LOWER THREE (3) ROOT LEVELS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with continued low back pain. The treater is requesting a trial right lumbar medial branch blocks lower 3 root levels. ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well as radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. In this case, the patient has a diagnosis of Lumbosacral radiculopathy and presents with low back pain that radiates into his hip and buttocks. ODG recommends facet injections for non-radicular symptoms but also states that it can radiate below the knee. Given the patient's paravertebral facet tenderness and failure to improve with conservative care, diagnostic facet evaluation via dorsal medial branch blocks are reasonable. Three root levels cover two facet joints. Recommendation is for authorization.