

Case Number:	CM13-0014683		
Date Assigned:	12/11/2013	Date of Injury:	02/19/2001
Decision Date:	02/03/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/21/2013

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 Neurology, has a subspecialty in Neuromuscular 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 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

██████████ is a 53 year old patient who sustained a work related injury on February 19 2001. According to the note of ██████████ dated July 16 2013, the patient reported low back pain radiating to left lower extremity, and a neck pain. The pain intensity was 8/10 with medications and 10/10 without medications. The patient reported good response after cervical epidural injection. On examination, there is a tenderness of the lumbar paraspinal area with limited range of motion. The patient was diagnosed with lumbar radiculitis, lumbar disc degeneration and lumbar facet arthropathy. The provider is requesting authorization for bilateral L3-L5 medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 300, 309.

Decision rationale: According to MTUS guidelines, Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Facet injections are not recommended for chronic back pain because of limited evidence of its efficacy. In

addition ODG guidelines do not recommend the injection of more than 2 levels in one session. Therefore, the request for Bilateral Branch Block is no medically necessary.