

Case Number:	CM13-0017257		
Date Assigned:	10/11/2013	Date of Injury:	03/01/2005
Decision Date:	01/08/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/27/2013

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 & 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:

An initial physician review notes that this patient is a 58 year old man with persistent neck and back pain and radiation pain and numbness down both legs to the feet, worse on the left. That review notes that objective findings have included tenderness to palpation of the cervical and lumbar paraspinal regions bilaterally with globally decreased cervical and lumbar motion and with strength of the left tibialis anterior and left extensor hallucis longus at 4+. Again, the patient reported pain and numbness down both legs to the feet, worse on the left. An initial reviewer noted that treatment guidelines did not recommend medial branch blocks for pain that is radicular in nature and therefore recommended this request be noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

A medial branch block on the left L3-4, L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: ACOEM Guidelines state that invasive techniques, e.g., local injections and facet joint injections of cortisone and lidocaine are of questionable merit. More specific

guidance regarding medial branch blocks can be found in the ODG which state that facet joint diagnostic blocks should be Final Determination Letter for IMR Case Number CM13-00172573 limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. The medical records in this case outline pain that is radicular and at more than 2 levels. Therefore, the guidelines have not been met to support probable localized facet mediated pain. The records do not provide an alternative rationale for this treatment in contrast to the guidelines. The request for medial branch blocks at multiple levels is not medically necessary and appropriate.