

Case Number:	CM13-0018273		
Date Assigned:	01/15/2014	Date of Injury:	05/17/2012
Decision Date:	05/21/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/29/2013

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 Occupational 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 patient is a represented employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 17, 2012. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; and transfer of care to and from various providers in various specialties. In a July 29, 2013, progress note, the patient was described as reporting persistent low back pain, unchanged. There was 5/5 lower extremity strength with intact sensorium. The patient did exhibit mildly reduced range of motion and a normal gait. Tramadol was endorsed, along with medial branch blocks. On April 16, 2013, the patient was described as having groin and hip pain in addition to low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

STEROID/ANESTHETIC INJECTION- LEFT L3-S1 MEDIAL BRANCH BLOCK TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12 Page(s): 300-301 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301 and 309.

Decision rationale: The ACOEM Guidelines state that facet joint blocks, as a class, are collectively deemed not recommended. ACOEM further notes that invasive techniques such as facet joint injection are of dubious merit and that there is not compelling evidence in the literature to support facet joint injections, whether they are radiofrequency neurotomy procedures or the diagnostic medial branch blocks being proposed here. It is further noted that the patient's issues with groin and hip pain do generate some lack of diagnostic clarity and also argue against the need for the proposed medial branch blocks. Accordingly, the request is not medically necessary for all of the stated reasons.