

Case Number:	CM13-0019175		
Date Assigned:	10/11/2013	Date of Injury:	08/27/1991
Decision Date:	05/05/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/03/2013

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 and Pain Medicine and is licensed to practice in Texas and Ohio. 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 61-year-old male who reported an injury on 08/27/1991. The mechanism of injury information was not provided in the medical record. The patient has a history of previous lumbar surgeries and has received prior physical therapy sessions, epidural steroid injections, activity modification, medication management to include muscle relaxants and opioids, and a TENS unit. It is noted that the patient received a prior epidural steroid injection at the requested level of L2-3. The patient also underwent a drain and treatment of a staph infection from a sacroiliac joint injection previously. The most recent clinical documentation dated 07/26/2013 reports there is tenderness to palpation over the right lumbar facets, left lumbar facets, and a straight leg raise was positive on the right at 50 degrees. Range of motion was restricted with flexion measured at 60 degrees, and extension at 20 degrees. Pain was noted with extension and forward flexion. The patient complained of burning dyesthesia to the right groin and thigh, unchanged from previous appointment on 07/02/2013. The patient reported his back and right groin pain continued to be problematic and limits his activities of daily living, including his daily walking and gentle stretching. The patient has a combination of both facet pain, pattern referred pain, and some radicular pain with hip abductor weakness when his back flares. The patient remains very concerned about the possibility of infection due to his history of infections post injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC MEDIAL BRANCH NERVE BLOCK RIGHT- L2-L3: 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)LOW BACK CHAPTER.

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

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS/ACOEM does not address medial branch blocks with specific criteria. However, it does state that invasive techniques, such as local injections and facet joint injections of cortisone or lidocaine, are of questionable merit. Per the Official Disability Guidelines, it is stated that criteria for the use of medial branch blocks would be no more than 1 therapeutic intra-articular block is recommended. There should be no evidence of radicular pain, spinal stenosis, or previous fusions. There should also be evidence of a formal plan of additional evidence-based activities and exercise in addition to the facet joint injection therapy. It is documented in the medical record in the most recent clinical documentation dated 07/26/2013 that the patient had both facet pain symptoms and radicular symptoms. In addition, there is also a lack of documentation in the medical records of any evidence of a formal plan of additional evidence-based activity or exercise to be performed in adjunct to the facet joint injection therapy. As such, the criteria for the requested service per Official Disability Guidelines have not been met, and the request for a diagnostic medial branch nerve block at the right L2-L3 is non-certified.