

Case Number:	CM13-0019707		
Date Assigned:	12/04/2013	Date of Injury:	09/05/2008
Decision Date:	01/09/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/03/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient is a 45-year-old male who reported a work-related injury on 09/05/2008 while pushing a food cart up a slope. The patient experienced pain and tightening in the lower back. MRI of the lumbar spine dated 10/29/2012 revealed a slight posterior bulging disc at L1-2, slight posterior bulging disc at L4-5, and a broad-based posterior herniated disc at L5-S1 with moderate bilateral neural foraminal narrowing caused by combination of the disc and joint facet osteophytes. The patient's diagnoses include lumbosacral facet arthropathy, myofascial pain syndrome, lumbar herniated nucleus pulposus, lumbosacral radiculitis, and trochanteric bursitis. The patient has undergone a lumbar epidural steroid injection, a lumbar medial branch block, and physical therapy. The patient's medications include cyclobenzaprine, Dendracin lotion, tramadol, ibuprofen, losartan potassium, and Tylenol extra strength

IMR ISSUES, DECISIONS AND RATIONALES

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

A bilateral lumbar medial branch block at 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), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Medial Branch Blocks.

Decision rationale: THE ODG indicate that no more than 1 therapeutic intra-articular block is recommended. The patient already underwent a diagnostic lumbar medial branch block with lidocaine and reported 70% pain relief and significantly increased range of motion in the blocked area, lasting up to 4 hours. The request for a lumbar medial branch block is not medically necessary and appropriate. ODG indicate that no more than 1 therapeutic intra-articular block is recommended. The patient already underwent a diagnostic lumbar medial branch block with lidocaine and reported 70% pain relief and significantly increased range of motion in the blocked area, lasting up to 4 hours. The request for a lumbar medial branch block is not medically necessary and appropriate.