

Case Number:	CM13-0023234		
Date Assigned:	11/15/2013	Date of Injury:	11/18/2012
Decision Date:	01/21/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/12/2013

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 and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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:

The underlying date of injury in this case is 11/18/2012. The reference diagnoses include lumbar disc displacement, lumbar spinal stenosis, and thoracic disc degeneration. A treating physician note of 10/31/2013, which is after the date of prior utilization denial, reports the patient presented with persistent low back and right lower extremity symptoms rated as 6/10 with radiation of the right leg to the calf. The patient reported only some pain relief from eight visits of chiropractic. The patient was taking Norco as well as Colace and Prilosec. The patient reported medications allowed her to increase her walking distance by about 15 minutes. On exam the patient had an antalgic gait with range of motion decreased in all directions and with lumbar extension limited to 5 degrees due to pain. The patient had decreased sensation in right L4 through S1 dermatomes, and the patient had 4/5 strength on the right anterior tibialis and extensor hallucis longus. The treating physician noted that a lumbar MRI in May 2013 showed multilevel facet arthropathy, and an EMG of 02/11/2013 showed evidence of a right S1 radiculopathy. The treating physician diagnosed the patient with a right S1 radiculopathy, right knee chondromalacia patella, and right shoulder arthralgia. The physician indicated a plan to continue to request a medial branch block on the right at L4-5 and L5-S1 due to the diagnostic properties attributed to the procedure. A prior physician reviewer noted that given the sensory findings on exam there was not sufficient documentation or rationale to support the requested medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient medial branch block at the right L4-4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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

Decision rationale: The ACOEM guidelines, chapter 12, low back, page 300, state, "Invasive techniques, e.g., facet injections of cortisone and lidocaine are of questionable merit." The guidelines therefore provide only equivocal support for the current requested diagnostic medial branch blocks or, in other words, diagnostic facet injections. Moreover, the medical records outline radicular symptoms and radicular neurological findings; therefore, it is not clear that the clinical presentation is consistent with facet-mediated disease. This request is not medically necessary.

Outpatient medial branch block at the right L-5-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, Low Back Chapter

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

Decision rationale: The ACOEM guidelines, chapter 12, low back, page 300, state, "Invasive techniques, e.g., facet injections of cortisone and lidocaine are of questionable merit." The guidelines therefore provide only equivocal support for the current requested diagnostic medial branch blocks or, in other words, diagnostic facet injections. Moreover, the medical records outline radicular symptoms and radicular neurological findings; therefore, it is not clear that the clinical presentation is consistent with facet-mediated disease. This request is not medically necessary.