MAXIMUS Federal Services

Case Number:	CM13-0028247		
Date Assigned:	07/02/2014	Date of Injury:	02/23/2012
Decision Date:	08/06/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/23/2013

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 Orthopedic Surgery and is licensed to practice in New York. 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 has chronic back pain and the pain is described as radiating. The patient's date of injury is February 23, 2012. Physical examination showed that is a wide-based gait and heel toe walk was performed without difficulty. Lumbar spine shows diffuse tenderness to palpation. There is reduced range of motion of the lumbar spine. There is moderate to severe facet tenderness noted over L2-S1 levels. Seated straight leg raise is positive on the right side at 50.Patient takes narcotic medicine. The patient failed conservative treatment to include physical therapy, chiropractic care, medications and rest. Patient also had a home exercise program. However, a number of treatments are not clearly documented in the medical records. Patient is also use a TENS unit. Patient has been diagnosed with musculoligamentous strain and lumbar facets syndrome. At issue is whether L4-5 and L5-S1 medial branch blocks or medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-L5 AND L5-S1 MEDIAL BRANCH BLOCKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG Low Back Chapter.

Decision rationale: This patient does not meet establish criteria for two-level facet medial branch blocks. Specifically, there is not clear and concise documentation of the conservative measures that the patient has had to date. The results of physical therapy and extent of physical therapy has not been adequately describe the medical records. In addition, physical exam documents positive straight leg raising test indicating possible radiculopathy. Radiculopathy is a contraindication to medial branch block treatment. Since adequate conservative measures are not clearly documented, and the physical examination suggests that the patient has nerve root symptomatology and possible radiculopathy, criteria for two-level medial branch block treatment not met. Ther request is not medically necessary.