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| Case Number: | CM13-0029152 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 09/15/2010 |
| Decision Date: | 05/07/2014 | UR Denial Date: | 09/12/2013 |
| Priority: | Standard | Application Received: | 09/26/2013 |

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 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:

This 51-year-old injured the low back on 9/15/10. The records provided for review included a follow up evaluation dated 9/19/13 that noted ongoing complaints of pain in the low back and listed multiple underlying diagnoses including Chronic Regional Pain Syndrome, history of osteomyelitis, and progressive knee and ankle arthrofibrosis. Specific to her low back, there is documentation of physical examination demonstrating tenderness to palpation particularly at the L4-5 and L5-S1 facet levels with painful range of motion, negative straight leg raise, and no documented weakness. The documentation also indicates that a sympathetic blockade was performed in July 2013 but efficacy was not noted. At the time of the 09/19/13 clinical assessment, a lumbar medial branch nerve block was recommended but the level for injection was not documented. Reports of clinical imaging were not provided and the remainder of the clinical records did not relate to the request for a median nerve branch block for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAN BRANCH NERVE BLOCK TO LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Diagnostic Blocks.

Decision rationale: The ACOEM Guidelines recommend that invasive techniques of local injections are of questionable merit. Turning to the Official Disability Guidelines, the request for medial branch nerve block would not be indicated. First and foremost, the level of the procedure is not noted or documented. The claimant's current clinical presentation and picture is consistent with a radicular process as well as the current diagnosis of Chronic Regional Pain Syndrome. At present, this claimant's current clinical complaints cannot be isolated to the axial low back. Therefore, based upon the ACOEM Guidelines and supported by the Official Disability Guidelines, the request for medial branch nerve block cannot be recommended as medically necessary.