

Case Number:	CM13-0031093		
Date Assigned:	12/04/2013	Date of Injury:	05/11/1995
Decision Date:	01/14/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/01/2013

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 Occupational Medicine 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 applicant has filed a claim for chronic low back pain associated with an industrial injury of May 11, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; nine prior lumbar spine surgeries; attorney representation; prior Synvisc injection; prior epidural steroid injections; prior right shoulder arthroscopy; and extensive periods of time off of work. An earlier note of September 5, 2013 is notable for comments that the applicant reports persistent low back pain ranging from 4-8/10. Numbness is appreciated on both legs in the bilateral calves. The applicant has had epidurals, physical therapy, manipulative therapy, acupuncture, and spinal cord stimulator. Diminished sensation is noted about the lower extremities with an antalgic gait appreciated and 4+/5 lower extremity strength also noted. The applicant is asked to try medial branch block injections, which he has apparently not had. Permanent work restrictions are again endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

An L2-3 and L3-4 bilateral medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. 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: While the MTUS-adopted ACOEM Guidelines do note that medial branch diagnostic blocks can be employed to diagnose facetogenic pain, in this case, however, there is no clear evidence or suggestion of facetogenic pain for which medial diagnostic medial branch blocks would be indicated. The claimant has had multiple prior spine surgeries for radiculopathy. The claimant continues to have radicular complaints of numbness, tingling, and lower extremity paresthesias with attendant weakness and hyposensorium appreciated on exam. Thus, the applicant does not appear to be an individual with facetogenic complaints for which diagnostic medial branch blocks have been indicated. The request for medial branch blocks is not medically necessary and appropriate.