

Case Number:	CM13-0032082		
Date Assigned:	12/04/2013	Date of Injury:	03/18/2010
Decision Date:	03/26/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/07/2013

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 Acupuncture and Pain Medicine and is licensed to practice in District of Columbia. 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 62 year old male injured worker with date of injury 3/18/10 with related low back pain with intermittent radiation to the lower extremities. The 5/4/10 electrodiagnostic studies of the upper left extremity revealed evidence of left medial cord brachial plexopathy. The 6/11/10 MRI of the cervical spine and brachial plexus revealed evidence of moderate cord compression at the C3-C4 level with stenosis. At the C5-C6 level, there were mild posterior osteophytes causing anterior effacement of the cord and slight impingement of the left C6 and C7 nerve roots. The 12/30/11 MRI of the lumbar spine revealed mild narrowing of the neural foramina at multiple levels, and severe facet arthropathy at L5-S1. The injured worker was refractory to conservative treatment including physical therapy, acupuncture, chiropractic manipulative therapy, medication, rest, and a home exercise program. The date of utilization review decision was 9/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 through S1 medial branch block injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

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, Facet Joint Medial Branch Blocks (therapeutic injections).

Decision rationale: The California MTUS is silent on the use of medial branch block injections. Regarding facet joint medial branch blocks (therapeutic injections), the ODG states "Not recommended except as a diagnostic tool. Minimal evidence for treatment." The primary treating physician points out that lumbar medial branch nerve blocks, as a diagnostic tool are recommended by the ODG; this is true when they are used to determine the efficacy of a radiofrequency neurotomy. However, per 9/10/13 report, the injured worker describes his lumbar pain as 2/10 on a 1-10 scale. Though he was refractory to conservative treatment in the past, it should be reconsidered, as injection therapy is not suitable for only mild pain. The request is not medically necessary.