

Case Number:	CM13-0035691		
Date Assigned:	12/13/2013	Date of Injury:	03/02/1997
Decision Date:	02/12/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/17/2013

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, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of 3/2/97. A progress report dated 10/28/13 identifies subjective complaints including right-sided low back pain radiating towards the hip and buttock. Objective examination findings identify a pain score of 5/10 with exquisite pain with extension and rotation at the lumbar spine, right greater than left. Straight leg raise is negative, Faber's test is negative, and sensation is intact. Diagnoses include likely lumbar facet pain involving the L4-5 and L5-S1 facet joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar medial branch block at L4-5 and L5-S1 #2: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Low Back Chapter, Facet joint diagnostic blocks (injections)

Decision rationale: The California MTUS cites that invasive techniques are of questionable merit, but many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. They also

note that, while quality literature does not exist regarding radiofrequency neurotomy in the lumbar region, facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines support the procedure for patients with non-radicular low back pain at no more than two levels bilaterally after failure of conservative treatment. A progress report identified that the patient has low back pain with extension and rotation of the spine with a negative neurological exam. Conservative treatment is documented in the records and there is no requirement for facet arthropathy demonstrated on MRI in either the California MTUS or the ODG. In light of the above, the currently requested bilateral lumbar medial branch block at L4-5 and L5-S1 is medically necessary.