

Case Number:	CM13-0038065		
Date Assigned:	12/18/2013	Date of Injury:	05/29/1996
Decision Date:	04/21/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 44 year-old female with a 5/29/96 industrial injury claim. She has been diagnosed with lumbar spondylosis without myelopathy, myosis pain/fibromyalgia/myalgia, and lumbar radiculopathy. According to the 9/12/13 report from [REDACTED], the patient presents with 8/10 lower back pain that decreases to 6/10 with medications. She is taking Vicodin. The patient apparently had a lumbar procedure in 2003 at a different facility that helped her lower back for several years. The patient states that the pain returned after her pregnancy and has not improved much since, despite physical therapy. [REDACTED] is requesting a diagnostic medial branch block (MBB) at the bilateral L3, L4, and L5 medial branch nerves.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC BILATERAL LUMBAR L3, L4, L5 MEDIAL NERVE BRANCH BLOCKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: According to the 9/12/13 report from [REDACTED], the patient presents with 8/10 lower back pain that decreases to 6/10 with medications. The patient had a lumbar procedure in 2003 that helped her lower back for several years. The specific procedure from 2003 was not discussed and the medical records provided do not go back that far. The patient reports that the pain returned after her pregnancy and has not improved much since, despite physical therapy. [REDACTED] is requesting a diagnostic medial branch block (MBB) at the bilateral L3, L4 and L5 medial branch nerves. On the 9/12/13 physical examination, lumbar motion was decreased to 30 degrees of flexion, 15 degrees of extension, 20 degrees of lateral flexion, and 25 degrees of rotation. Straight leg raising was positive at 45 degrees. Seated straight leg raising was also positive. There was abnormal sensation in the left L5 dermatome. There was weak ankle dorsiflexion and hip abduction. There was tenderness over the lumbar paraspinals and facet joints. There were no MRI reports provided. The ACOEM does not strongly support lumbar radiofrequency ablation, but states that these should be only after diagnostic facet blocks. The Official Disability Guidelines provide further details on diagnostic medial branch blocks for the lumbar spine. The ODG states that MBBs are limited to patients with non-radicular low-back pain. The exam findings suggest radiculopathy with abnormal sensation in the L5 dermatome, positive straight leg raising, and weak dorsiflexors, and the diagnosis included lumbar radiculopathy. The MRI report was not provided to rule out possible radicular etiology. The request for diagnostic medial branch blocks is not in accordance with guidelines. As such, the request is noncertified.