MAXIMUS Federal Services

Case Number:	CM13-0040668		
Date Assigned:	12/20/2013	Date of Injury:	05/25/2002
Decision Date:	02/21/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/07/2013

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 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 5/25/02. A utilization review determination dated 10/30/13 recommends non-certification of lumbar medial branch blocks. A progress report dated 10/24/13 identifies subjective complaints including, "mid-back pain with radiation of the pain from the mid-back around his rib cage on both sides but mainly on his right side. Mid-back pain increases with lifting objects and activities that involve his back... Ongoing frequent headaches... Constant lower back pain with radiation of the pain from the lower back to both of his buttocks which continues down both of his legs extending down his toes in each foot at times. Increased bilateral leg symptoms with prolonged standing, walking, and lifting objects." Objective examination findings identify, " Lumbar spine: range of motion shows flexion of 65Â°, extension of 5Â°, rotation of 30Â°, and lateral bending of 15Â°. There is moderate plus tenderness in the midline especially at the lower lumbar levels and the lumbosacral junction there is mild to moderate tenderness in the paraspinal muscles. There is moderate tenderness at the sacroiliac joints. There is moderate tenderness over the sciatic nerves on both sides. Lower extremities: the deep tendon reflexes are unobtainable at the ankles and at the knees. Motor strength testing demonstrates grade 5 strength without any neurological deficits. Straight leg raising maneuver in a sitting position is done to 70Â° with significant lower back pain as well as bilateral buttock pain as well as some radicular leg pain on both sides and some bilateral knee pain plus some hamstring tightness..." Diagnoses include multiple level thoracic spondylosis as well as probably degenerative disc disease associated with intercostal radiculitis. Lumbar spondylosis that involves the facet joints at every level as well as multiple level degenerative disc disease that is the most significant at L3-4 plus some slight stenosis and possible discogenic disease a

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial 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 (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Regarding the request for lumbar medial branch blocks, California MTUS and ACOEM state that invasive techniques such as facet injections are of questionable merit. ODG states that the use of medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally, and there should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. Within the documentation available for review, there are subjective, objective, and imaging findings suggestive of radicular pain, but the findings do not appear to be highly suggestive of facet arthropathy at the proposed levels of L4-5 and L5-S1. In light of the above issues, the currently requested lumbar medial branch blocks are not medically necessary.