MAXIMUS Federal Services

Case Number:	CM13-0041584		
Date Assigned:	12/20/2013	Date of Injury:	09/04/2012
Decision Date:	04/30/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 52-year-old female who reported an injury on 09/04/2012, due to repetitive trauma. The injured worker reportedly sustained an injury to her upper and lower back. The injured worker's treatment history included physical therapy, medications, acupuncture, chiropractic care, and cervical fusion. The injured worker's most recent clinical examination documented that the patient had back pain radiating into the right lower extremity with reported numbness and tingling in the right lower extremity and decreased motor strength. The injured worker's pain level was described as an 8/10 that was exacerbated by activity. The Final Determination Letter for IMR Case Number [redacted] physical evaluation of the lumbar spine documented spinal vertebral tenderness bilaterally from the L3 through the S1 level with decreased range of motion secondary to pain and no physical evidence of motor strength deficits or sensory deficits, with a negative straight leg raising test bilaterally. The injured worker's diagnoses included cervical radiculopathy, lumbar facet arthropathy, status post cervical spine fusion, and chronic pain syndrome. The injured worker's treatment plan included a right L4-S1 medical branch nerve block to diagnostically determine the injured worker's origin of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4-S1 MEDIAL BRANCH NERVE BLOCK: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG),

Decision rationale: The Official Disability Guidelines recommend facet block injections for facet mediated pain that has failed to respond to conservative treatment in the absence of radiculopathy. The clinical documentation submitted for review does indicate that the injured worker has spinal vertebral tenderness bilaterally from the L3 through S1. It is noted within the documentation that the injured worker has pain radiating into the bilateral lower extremities. However, radiculopathy is not supported by objective physical examination findings. The injured worker's physical exam has a negative straight leg raising test, no evidence of abnormal sensory examination, and the injured worker's motor strength is within normal limits. The injured worker underwent an MRI in 11/2012 that documented degenerative facet changes at the L5-S1. As the injured worker has documented facet changes on an imaging study and is supported by facet mediated pain upon physical examination, a medial branch block would be medically appropriate to determine the injured worker's pain generator. Although the injured worker does have subjective complaints of radiating pain, the injured worker's physical objective examination findings to do not support radiculopathy. Additionally, the imaging study provided does not support nerve root involvement. As such, the right L4-S1 medial branch nerve block is medically necessary and appropriate.