

Case Number:	CM13-0041926		
Date Assigned:	12/20/2013	Date of Injury:	02/15/2013
Decision Date:	04/21/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/16/2013

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 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:

This is a 53-year old gentleman with a date of injury of 2/15/13. The patient injured his back in a slip and fall at work. The patient had symptoms of mid/low back pain that radiated to the right leg/foot with associated numbness and tingling. Exam also showed findings suggestive of radicular pain with a positive SLR and reduced sensation in the right L5/S1 dermatomes, but he also had positive facet loading as well. His diagnosis was lumbosacral neuritis/radiculitis and thoracic pain. He had conservative care, including chiro/physiotherapy, modified activity and medications. Due to persistent symptoms, an MRI was done. This showed facet hypertrophy and a mild disc bulge at L5-S1 Neuroforamina was narrowed at this level as well. The PTP ordered a lumbar ESI, however, this was denied in Utilization Review. The PTP then requested medial branch blocks, which was also submitted to Utilization Review. This time the UR physician, I assume a different one, stated that due to radicular symptoms, a lumbar ESI would be more appropriate and that MBB was not guideline supported in patients with radicular features. In December of 2013, an electrodiagnostic study was done, and this study was abnormal, and suggestive of a right S1 acute radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK: L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): Pages 300-301..

Decision rationale: Guidelines support the use of diagnostic medial branch blocks in patients who have low back pain that is non-radicular following 4-6 weeks of failed conservative care. In this case, the patient has clear symptoms, exam findings and diagnostic imaging/electrodiagnostics that support the diagnosis of lumbar radiculitis. Medial branch blocks are not indicated and are not medically necessary.