

Case Number:	CM13-0043062		
Date Assigned:	12/27/2013	Date of Injury:	08/11/2009
Decision Date:	03/10/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 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:

The patient is a 52-year-old male, who was injured on 8/11/09. According to the 9/19/13 report from the provider, the patient presents with 5/10 low back pain that radiates down the left lower extremity and he has left shoulder pain. Gait was antalgic to the right side and there was tenderness over the facets L2-L5. The diagnoses were: right shoulder internal derangement; lumbar strain; lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome; right SI (sacroiliac) joint arthropathy; and bilateral knee internal derangement. The provider disagreed with the prior UR (utilization review) denial for facet injections, and changes his request to diagnostic L3-5 MBB (medial branch block).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral L3-L5 medial branch blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low back-Lumbar and Thoracic (acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Low back, online for diagnostic facet blocks (http://www.odg-twc.com/odgtwc/low_back.htm#Facetinjections)

Decision rationale: The patient presents with 5/10 low back pain that radiates down the left lower extremity and left shoulder pain. The MTUS/ACOEM guidelines do not completely support RFA (Radio frequency ablation) procedures for the lumbar spine as they do for the cervical spine. The MTUS/ACOEM states that before the RFA, there should be diagnostic MBB (medial branch block). The ACOEM guidelines do not discuss the criteria for the diagnostic MBB, so Official Disability Guidelines (ODG) guidelines were consulted. The ODG guidelines state that the lumbar diagnostic MBB are "limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." The patient is reported to have low back pain that radiates down the left leg and carries the diagnosis of lumbar radiculopathy. The request was for MBB of L3, 4, and L5 medial branches which would block L4/5 and L5/S1, and there is no discussion, rationale or clarification as to what levels are involved with the lumbar radiculopathy. The request for diagnostic MBB is not in accordance with ODG guidelines. Therefore, the request is not certified.