

Case Number:	CM13-0043879		
Date Assigned:	12/27/2013	Date of Injury:	01/18/2012
Decision Date:	08/05/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/31/2013

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 & Rehabilitation and is licensed to practice in California and Washington 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 44-year-old male who reported an injury to the low back on 01/18/2012, secondary to lifting a heavy bar. The injured worker complained of low back pain that radiated to the bilateral lower extremities, more so on the left than the right, and rated his pain a 2 on average and a 5 at its worse on a 0 to 10 scale. He stated the pain was worse at night. On examination dated 10/20/2013, the physician found positive Patrick's on the left, pain with extension, sacroiliac joint tenderness on the left, and tender subcutaneous nodules. Range of motion was flexion of 60 degrees, extension of 10 degrees, right lateral flexion of 15 degrees, right lateral rotation of 25 degrees, left lateral flexion of 15 degrees, and left lateral rotation of 30 degrees. He had positive facet loading, straight leg raise tests and neurological assessment were normal. His diagnoses were myofasciitis, low back pain, unspecified arthropathy, and facet arthropathy. His past treatments were acupuncture, physical therapy, sacroiliac joint injection, and oral medications that included muscle relaxants and NSAIDs. His medications were Norco 5/325 mg and ketoprofen 75 mg. The treatment plan is for a left medial branch block at L3-4, and a left medial branch block at L4-5, L5-S1. he Request for Authorization form was signed and dated 10/07/2013. There was no rationale for the request for a left medial branch block at L3-4 and left medial branch block at L4-5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LEFT MEDIAL BRANCH BLOCK AT L3-4: 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) - Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, facet joint medial branch blocks (therapeutic injections).

Decision rationale: The injured worker complained of low back pain that radiated to the bilateral lower extremities, more so the left than the right, and rated his pain a 2 on average and a 5 at its worst on a 0 to 10 scale. He stated it was worse at night. His past treatments were acupuncture, physical therapy, sacroiliac joint injection, and oral medications. Official Disability Guidelines for low back facet joint medial branch blocks states that they are not recommended, except as a diagnostic tool, and there is minimal evidence for treatment. Therefore, the request for a left medial branch block at L3-4 is not medically necessary.

A LEFT MEDIAL BRANCH BLOCK AT L4-5, L5-S1: 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) - Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, facet joint medial branch blocks (therapeutic injections).

Decision rationale: The request for a left medial branch block at L4-5, L5-S1 is non-certified. The injured worker complained of low back pain that radiated to the bilateral lower extremities, more so the left than the right, and rated his pain a 2 on average and a 5 at its worst on a 0 to 10 scale. He stated it was worse at night. His past treatments were acupuncture, physical therapy, sacroiliac joint injection, and oral medications. Official Disability Guidelines for low back facet joint medial branch blocks state that they are not recommended, except as a diagnostic tool, and that there is minimal evidence for treatment. Therefore, the request for a left medial branch block at L4-5, L5-S1 is not medically necessary.