

Case Number:	CM13-0045475		
Date Assigned:	12/27/2013	Date of Injury:	10/23/2013
Decision Date:	02/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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/Rehabilitation/Pain Management, has a subspecialty Certificate in Interventional Sine 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 38-year-old male who was injured on 5/15/13 from a fall at work. He has been diagnosed with lumbar sprain/strain and bilateral lower extremity radiculopathy. The IMR application shows a dispute with the 10/23/13 UR decision, which was from [REDACTED] and was for non-certification of a lumbar diagnostic facet block at L4/5 and L5/S1 bilaterally and at the level of the medial branches.

IMR ISSUES, DECISIONS AND RATIONALES

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

diagnostic facet block in the lumbar area at the levels of L4-L5 and L5-S1 bilaterally and at the level of medial branches between 10/17/2013 and 12/1/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, online for Diagnostic Facet Blocks, http://www.odg-twc.com/odgtwc/low_back.htm#FacetInjections.

Decision rationale: The patient presents with low back pain with radiation down both legs. EMG on 7/9/13 did not detect radiculopathy. MRI from 7/2/13 was reported to show posterior annular tear at L5/S1, and mild but patent foraminal narrowing at L5/S1. He has had 12 PT sessions with minimal improvement. Exam findings on 10/1/13 from [REDACTED] the anesthesiologist did not show any positive findings for radiculopathy. However, on 10/9/13, from [REDACTED], the orthopedic surgeon, there was decreased sensation in the left L4, L5, and S1 dermatomal distribution. The request before me is for diagnostic facet blocks, and diagnostic medial branch blocks at L4/5 and L5/S1 bilaterally. MTUS/ACOEM does not support lumbar RFA, but states they should be only after diagnostic medial branch blocks. MTUS/ACOEM does not provide details on the diagnostic medial branch blocks. ODG guidelines were consulted. ODG states MBB are recommended over facet intra-articular blocks. ODG states medial branch blocks are: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally" According to the more recent report dated 10/9/13, from [REDACTED], the patient does have radicular symptoms. The request for diagnostic medial branch blocks is not in accordance with ODG guidelines; and request for diagnostic facet blocks is not in accordance with ODG or MTUS/ACOEM guidelines.