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| Case Number: | CM13-0045689 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 09/29/2004 |
| Decision Date: | 05/19/2014 | UR Denial Date: | 11/11/2013 |
| 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 Orthopedic Surgery 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 34-year-old gentleman who was injured in a work related accident on 09/24/04. The records indicate a low back injury for which following conservative care a 05/09/12 L5-S1 posterior fusion with instrumentation and hardware took place. A clinical progress report from 10/08/13 documented low back complaints and bilateral lower extremity pain with radiation to the ankles. The examination showed restricted range of motion with no focal neurologic deficits. Medial branch blockade based on the claimant's failed previous conservative measures was recommended at that time from the L3 through L5 level bilaterally. Previous imaging includes a CT scan of the lumbar spine from December 2012 documenting mild disc bulging and foraminal stenosis, but no evidence of acute neurocompressive pathology, and prior postsurgical changes at the L5-S1 level with solid fusion. There is no documentation of previous facet joint injections having been rendered. The record reflects that conservative care has been inclusive of therapy, medications, DME, and sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT MEDIAL BRANCH BLOCK WITH CAUDAL CATHETER AT THE L3, L4 AND L5 LEVELS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The California MTUS Guidelines indicate that invasive procedures such as facet injections are of questionable merit however they allow that "Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain". When looking at Official Disability Guidelines the clinical picture is consistent with that in which facet injections would be appropriate. The claimant's current clinical complaints are axial in nature with no documentation of neurologic findings and there has been a failed response to other means of conservative care. While the claimant was noted to be with prior L5-S1 fusion, the requested levels of procedures do not involve the prior surgical level. There is no documentation of prior facet joint injections. The specific request in this case would be warranted.