

Case Number:	CM13-0046050		
Date Assigned:	12/27/2013	Date of Injury:	02/11/2008
Decision Date:	03/07/2014	UR Denial Date:	10/24/2013
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 Anesthesiology, has a subspecialty in Pain Management, 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 56-year-old female who reported an injury on 02/11/2008. The mechanism of injury was not provided for review. The patient developed chronic low back pain. The patient underwent an MRI in 11/2009 that revealed multilevel facet changes and disc protrusion L4-5 indenting on the thecal sac. The patient's most recent clinical examination findings included pain rated at 4/10 and positive facet signs at the L4-S1. It was also noted that the patient was participating in a home exercise program and taking medications regularly for pain control. The patient's diagnoses included lumbar radiculitis, lumbar facet arthropathy, chronic pain, hypertension, and medication related dyspepsia. The patient's treatment plan included a medial branch block at the L3-5 levels to determine the patient's candidacy for radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L5 median branch nerve block: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back chapter, Facet Injections Diagnostic Section.

Decision rationale: The Physician Reviewer's decision rationale: The requested bilateral L3-5 medial nerve branch block is medically necessary and appropriate. Official Disability Guidelines recommend the use of this diagnostic procedure to determine potential outcomes for radiofrequency ablation for patients who have facet mediated pain that has failed to respond to conservative treatments. The clinical documentation submitted for review does provide evidence that the patient is currently participating in a home exercise program and taking medications regularly for pain control and has persistent pain complaints. The physical examination does support that the patient's pain is facet mediated. Although the patient does have a diagnosis of radiculitis, the physical examination does not provide any evidence of radiculopathy. The patient does not have any sensory disturbances and a negative straight leg raising test bilateral. As the patient does have well documented facet mediated pain that has failed to respond to conservative treatments, the bilateral medial branch block would be indicated. The request for a bilateral L3-L5 median branch nerve block is not medically necessary or appropriate.