MAXIMUS Federal Services

Case Number:	CM13-0046911		
Date Assigned:	12/27/2013	Date of Injury:	03/22/2013
Decision Date:	05/28/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/01/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 39-year-old gentleman who was injured in a work related accident on March 22, 2013. The clinical records provided for review include a September 24, 2013 progress report noting ongoing complaints of interval low back pain, worse with prolonged activity. There is also radiating pain to the knee with a giveaway sensation. Physical examination showed restricted range of motion with a normal gait pattern, 5/5 motor strength to the lower extremities with equal and symmetrical reflexes with the exception of an absent right Achilles reflex. Straight leg raising was negative. Sensory examination was intact. The report of an MRI of the lumbar spine dated April 9, 2013 showed a moderate disc bulge at L5 with bilateral neural foraminal narrowing and facet hypertrophy. Facet joint injections at the L4-5 and L5-S1 levels were recommended for the claimant's continued ongoing complaints of pain. Documentation noted other treatment included medications management, formal physical therapy and activity restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4 5 AND L5 SI MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: The request for L4-5 and L5-S1 medial branch blocks cannot be recommended as medically necessary. California ACOEM Guidelines state that generally invasive injections for the low back are of questionable merit. In support of the ACOEM Guidelines, the Official Disability Guidelines (ODG) recommends that diagnostic blockades would include symptoms that are limited to the low back and nonradicular in nature. Records in this case indicate concordant complaints of knee pain as well as physical examination findings showing a radicular process in the form of an absent right sided Achilles reflex. The above physical findings would fail to support the guidelines for the role of medial branch blockade for the diagnostic purpose of facet joint pain. The request is not medically necessary or appropriate.