

Case Number:	CM13-0047027		
Date Assigned:	01/10/2014	Date of Injury:	07/12/2012
Decision Date:	04/24/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/05/2013

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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 32-year-old with a date of injury of July 12, 2012. A progress report associated with the request for services, dated October 18, 2013, identified subjective complaints of low back pain. Objective findings included tenderness to palpation of the lumbar spine with normal range-of-motion, motor and sensory function. Straight leg-raising was negative. Diagnoses included chronic lumbosacral sprain/strain. Treatment has included home exercises and oral and topical analgesics. A Utilization Review determination was rendered on October 28, 2013 recommending non-certification of "Bilateral lumbar L3, L4, and L5 Medial branch blocks".

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR L3, L4, L5 MEDIAL BRANCH BLOCKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, Facet Joint Diagnostic Blocks.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that facet-joint injections are not recommended. Also, "Invasive techniques (e.g. local injections and facet joint injections of cortisone and lidocaine) are of questionable merit." They further state: "Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery." In this case, the claimant has clinically what appears to be facet joint pain. However, unlike the cervical spine, facet joint injections of the lumbar spine are not recommended. The request for bilateral lumbar L3, L4, and L5 medial Branch Blocks is not medically necessary or appropriate.