

Case Number:	CM13-0048481		
Date Assigned:	12/27/2013	Date of Injury:	05/24/2013
Decision Date:	03/10/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/06/2013

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 and Rehabilitation 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 35 year old female who reported an injury on 05/24/2013. The patient is diagnosed with degenerative disc disease of the lumbosacral spine, lumbar spondylosis, and fibromyalgia. The patient was seen by [REDACTED] on 09/11/2013. The patient reported ongoing pain in the lower back, buttock, and lower extremities. On 10/22/2013, the patient was noted to be status post epidural steroid injection on 09/12/2013. The patient reported 7/10 pain with 0% improvement. Physical examination revealed 3+ paraspinal tenderness to palpation, negative straight leg raising, and no acute distress. Treatment recommendations included bilateral differential diagnostic L4 and L5 median branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medical Branch Block L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Low Back, web edition

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 Joint Diagnostic Blocks

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet injections are of questionable merit. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs, and symptoms. As per the documentation submitted, the patient did not demonstrate facet-mediated pain upon physical examination on 10/22/2013. There were no imaging studies provided for review to corroborate a diagnosis of facet abnormality. Additionally, there is no documentation of a recent failure to respond to conservative treatment, including home exercise, physical therapy, and NSAIDs. The medical necessity for the requested procedure has not been established. Therefore the request is non-certified.