

Case Number:	CM13-0051331		
Date Assigned:	12/27/2013	Date of Injury:	12/13/1999
Decision Date:	04/02/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/14/2013

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, 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:

This is a patient with a date of injury of 12/13/99. A utilization review determination dated 11/7/13 recommends non-certification of bilateral L4-5 and L5-S1 medial branch blocks. 10/8/13 PR-2 identifies low back pain with numbness and tingling to the calf bilaterally, well controlled with gabapentin. On exam, there is diffuse tenderness, decreased ROM, extension producing a stabbing pain in the low back, sensation decreased in the left L4 and S1 dermatomes, and 5-/5 strength in the left quad. MRI is said to show L4-5 moderate left and mild-moderate right and L5-S1 moderate-severe left and moderate right neural foraminal narrowing. Diagnoses include lumbar radiculopathy, facet arthropathy, stenosis, and bilateral ankle pain. Treatment plan includes bilateral L4-5 and L5-S1 medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 medial branch blocks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections).

Decision rationale: Regarding the request for bilateral L4-5 and L5-S1 medial branch blocks, CA MTUS Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that blocks may be indicated if there is tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there are no objective examination findings supporting a diagnosis of facetogenic pain such as tenderness to palpation over the lumbar facets. Additionally, there are subjective, objective, and imaging findings consistent with radiculopathy. In light of the above issues, the currently requested bilateral L4-5 and L5-S1 medial branch blocks are not medically necessary.