

Case Number:	CM13-0053535		
Date Assigned:	12/30/2013	Date of Injury:	02/09/2013
Decision Date:	03/19/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in Texas, Montana and Tennessee. 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 40-year-old female who reported injury on 02/09/2013. The mechanism of injury was noted to be a slip and fall. The patient's diagnosis was noted to be a lumbar sprain. The patient reported numbness radiating down her entire left leg. The patient was treated with physical therapy and continued to do home exercises. The patient's sensory examination and motor examination were noted to be normal. The patient had tenderness to palpation on the bilateral facet joints. The patient had decreased range of motion. The patient's diagnoses were noted to include complaints of neck pain, lumbosacral sprain with radicular symptoms, and small disc herniation at L5-S1. The plan was noted to include a bilateral lumbar medial branch facet block at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection, anesthetic agent, other peripheral nerve or branch: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Medial Branch Block.

Decision rationale: The ACOEM Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders. However, despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic. As such, there is the application of the Official Disability Guidelines, which indicate that facet joint medial branch blocks as therapeutic injections are not recommended except as a diagnostic tool as minimal evidence for treatment exists. The Official Disability Guidelines recommend that for the use of diagnostic blocks, the patient have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Clinical documentation submitted for review indicated the employee met the above objective findings. However, the request as submitted was noted to be for an injection, anesthetic agent or other peripheral nerve or branch, without designation of laterality, or location for the injection as well as the type of injection. Given the above, the request for injection, anesthetic agent, other peripheral nerve or branch is not medically necessary.