

Case Number:	CM13-0053752		
Date Assigned:	12/30/2013	Date of Injury:	04/26/2010
Decision Date:	03/24/2014	UR Denial Date:	10/24/2013
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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 51 year old male who reported an injury on 04/26/2010. The mechanism of injury was not submitted. The patient was diagnosed with lumbar sprain/strain with left sciatica; recurrent left inguinal hernia status post bilateral inguinal hernia repair; headaches, possibly due to stress; and gastritis due to medications. The patient was treated with chiropractic care in 04/2011. The patient received acupuncture treatment in 08/2011 through 09/2011, and again in 01/2012 through 03/2012. The patient received physical therapy and work conditioning in 01/2012 through 02/2012. The patient has also undergone x-rays, diagnostic studies, and an EMG/NCV of bilateral lower extremities. The patient had a functional capacity evaluation on 03/25/2011. The patient had a qualitative Functional Capacity Evaluation on 05/10/2011, and again on 02/08/2012. The patient had an additional Functional Capacity Evaluation on 08/10/2012. The patient had a lumbar epidural steroid injection on 03/19/2013. The patient reported significant functional improvement from the injection; however, the pain returned in 05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medical Branch Blocks at Bilateral L4-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),

Treatment Index, 11th Edition(web), 2013, 2013, Low Back-Facet Joint Diagnostic Blocks(Injections).

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, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: CA MTUS/ACOEM does not address the request. The Official Disability Guidelines state facet joint intra-articular therapeutic injections, if successful, are recommended. The patient should exhibit pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks. The recommendation is then to proceed with a medial branch diagnostic block and subsequent neurotomy. No more than 2 joint levels may be blocked at any 1 time. There should also be evidence of a formal plan for additional evidence-based activity and exercise, in addition to facet joint injection therapy. The patient complained of pain to the low back; however, no recent objective clinical documentation was submitted for review indicating conservative treatment. Also, the documentation states the patient declined additional physical therapy. Given the lack of documentation to support guideline criteria, the request is non-certified.