

Case Number:	CM13-0053875		
Date Assigned:	12/30/2013	Date of Injury:	06/28/2012
Decision Date:	03/14/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/08/2013

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 Family Medicine and is licensed to practice in Arizona. 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 46-year-old female who reported an injury on 06/28/2012 due to a fall that reportedly caused injury to her shoulder and low back. The patient was conservatively treated with medications and physical therapy. The patient underwent an MRI in 10/2013 that revealed mild facet hypertrophy at the L4-5 and L5-S1. The patient's most recent clinical examination findings included low back pain rated at 8/10 without medications and 4/10 with medications. The physical findings included tenderness over the right and left lumbar paravertebral regions at the L4-5 and L5-S1 levels with pain with range of motion. The patient's diagnoses included lumbar disc disorder, radiculopathy, and pain in shoulder joint. The patient's treatment plan included a medial branch block at the L4-5 and L5-S1 to the right followed by a left-sided L4-5 and L5-S1 medial branch block and continued physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block on the right at L4-L5, 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, Low Back Chapter

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 Injections, Diagnostic

Decision rationale: The requested medial branch block on the right at L4-5 and L5-S1 is not medically necessary or appropriate. Official Disability Guidelines recommend medial branch blocks for patients who have documentation of facet mediated pain that is non-responsive to conservative treatments. The clinical documentation submitted for review did provide evidence that the patient had a positive response to physical therapy. Additionally, the most recent clinical documentation does not support that the patient's pain is facet mediated. Although the imaging study provided for review does indicate that the patient has facet hypertrophy at L4-5 and L5-S1, physical examination does not provide any evidence of facet mediated pain. As the patient was responsive to physical therapy and does not have any recent documentation of facet mediated pain, a medial branch block would not be supported by guideline recommendations. As such, the requested medial branch block on the right at L4-5 and L5-S1 is not medically necessary or appropriate.

One week later, medial branch block on the left at L4-L5, 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, Low Back Chapter

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 Injections, Diagnostic

Decision rationale: The requested medial branch block on the left at L4-5 and L5-S1 is not medically necessary or appropriate. Official Disability Guidelines recommend medial branch blocks for patients who have documentation of facet mediated pain that is non-responsive to conservative treatments. The clinical documentation submitted for review did provide evidence that the patient had a positive response to physical therapy. Additionally, the most recent clinical documentation does not support that the patient's pain is facet mediated. Although the imaging study provided for review does indicate that the patient has facet hypertrophy at L4-5 and L5-S1, physical examination does not provide any evidence of facet mediated pain. As the patient was responsive to physical therapy and does not have any recent documentation of facet mediated pain, a medial branch block would not be supported by guideline recommendations. As such, the requested medial branch block on the left at L4-5 and L5-S1 is not medically necessary or appropriate.