

Case Number:	CM13-0055903		
Date Assigned:	12/30/2013	Date of Injury:	01/06/1994
Decision Date:	03/24/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/21/2013

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 56-year-old female who sustained an industrial injury on January 16, 1994. Prior treatment included a lumbar epidural injection at L5-S1 in August 2013, transcutaneous electrical nerve stimulation (TENS) unit and medications such as Hydrocodone, generic Ambien and Lidoderm patches. A prior surgical history includes L4-5 fusion and also L5-S1 lumbar fusion with technically a failed lumbar back surgery syndrome. A clinic note dated October 21, 2013 indicates that the patient presented with constant lower back pain with right side equal to the left, continued left lateral thigh and calf pain, and minimal weakness in right lower extremity. On exam, there was painful restricted 50% lumbar range of movements with positive tenderness over the lumbar facet joints. It was recommended that the patient seek diagnostic medial branch blocks in the vicinity immediately adjacent to L5-S1 lumbar fusion because there was tenderness over L5-S1 lumbar fusion region.

IMR ISSUES, DECISIONS AND RATIONALES

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

diagnostic lumbar medial branch block immediately adjacent to the L5-S1 instrumented fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines web 2012 "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 Chapter, Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections)

Decision rationale: The California MTUS guidelines do not have appropriateness of the issue in dispute and therefore the ODG have been consulted. According to the ODG, the criteria for medial branch block are "limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." This patient has chronic lower back and radicular pain. The provider's report dated October 21, 2013 indicates that the patient presented with constant lower back pain down to left lateral thigh and calf with minimal weakness in right lower extremity. On exam, there was facet tenderness noted but there is no indication at what levels facet tenderness is present. An MRI dated December 04, 2012 showed left L4-5 laminectomy and facetectomy and right L5-S1 facetectomy and wide laminectomy. Therefore, the request is non-certified.