

Case Number:	CM13-0057988		
Date Assigned:	12/30/2013	Date of Injury:	04/20/2012
Decision Date:	04/14/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 57-year-old female who sustained an injury to the lumbar spine in a work related accident on 04/20/12. The clinical records provided for review included documentation of a recent 10/11/13 progress report noting continued complaints of headaches as well as neck pain, right greater than left. Current working diagnosis on that date was chronic posttraumatic headaches, cervicogenic headaches, and hypertension. Documentation of lumbar findings was not noted at that time. The clinical assessment on 09/19/13 documented ongoing complaints of low back pain stating 70 percent improvement for six to seven hours following the medial branch blockade on 07/10/13. The claimant also continued use of medications. Physical examination showed diminished sensation and strength of the lower extremities bilaterally. The claimant's working diagnosis at that time was facet arthroses, right greater than left, at the L3 through S1 levels. The recommendations at that time were for a "confirmatory medial branch block on the right at L3-4 through L5-S1 for diagnostic purposes." Continuation of medication management was also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND CONFIRMATORY MEDIAL BRANCH BLOCK RIGHT L3-L4, L4-L5:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th edition, 2013 Updates: low back procedure - Facet joint diagnostic blocks (injections)

Decision rationale: Based on Official Disability Guidelines criteria, as the California MTUS and ACOEM Guidelines are silent, the request for medial branch blocks at L3-4 and L4-5 cannot be supported. The ODG guidelines only recommend the role of one set of diagnostic medial branch blocks with a response greater than 70 percent relief to proceed with facet neurolysis. The records in this case indicate initial medial branch blockade already found appropriate response. There would be no current indication for a confirmatory blockade based on the clinical guideline criteria in the requested injection levels. This specific request would fail to necessitate guideline criteria. Therefore the request is not medically necessary.