

Case Number:	CM13-0059625		
Date Assigned:	12/30/2013	Date of Injury:	07/02/2010
Decision Date:	04/30/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation 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 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 53-year-old male with a date of injury on 7/2/2010. This patient has been complaining of back pain, radiating into the lateral part of the right leg stopping at the knee. The pain is characterized as throbbing and persistent. Examination shows pain with lumbar extension and facet loading. The pain has not responded to at least 6 visits of physical therapy. Vicodin and soma have been used for pain control. The patient was seen by the treating physician on 11/14/2013 and he recommended lumbar facet joint medial branch nerve block #1 at the right L3,L4, and L5 for diagnostic and therapeutic purposes. MRI of the lumbar spine on 11/7/2013 showed L4-5 left paracentral disc protrusion which may contact the L4 and L5 nerves. Posterolateral disc bulge and spondylosis at the L5-S1 level. Minimal anterolisthesis at L5-S1 with degenerative change. X-ray on 11/6/2013 showed moderate scoliosis of the lumbar spine. Progression of spondylosis with increased disc space narrowing at L2-3, and L3-4, grade one spondylolisthesis L4 on 5 with facet arthropathy mild motion with flexion and moderate motion with extension. Medical reviewer did not approve the procedure on 11/20/2013 per evidence-based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FACET JOINT MEDIAL BRANCH NERVE BLOCK #1 AT THE RIGHT L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

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 Section, Facet Joint Pain Signs and Symptoms

Decision rationale: The patient's symptoms appear to be nerve root related radiculopathy. MRI shows disprotrusions which may be causing nerve root compression, X-rays show possible instability. Facet or medial branch blocks are not indicated for this diagnosis pathology; therefore it is not medically necessary.