

Case Number:	CM13-0059970		
Date Assigned:	12/30/2013	Date of Injury:	03/03/2010
Decision Date:	05/21/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/03/2013

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 Oklahoma and Texas. 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 injured worker is a 52-year-old male who reported an injury on 03/03/2010. The mechanism of injury was not provided for review. The injured worker's treatment history included active therapy and medication management. The injured worker was evaluated on 10/28/2013. It was documented that the injured worker had ongoing low back complaints rated at an 8/10 with medications, increased to a 10/10 without medications. Physical findings included limited range of motion secondary to pain, significantly increased pain levels with flexion, extension, and rotation, spinal vertebral tenderness at the L4 through the S1 levels and lumbar myofascial tenderness, paraspinal muscle tenderness with palpation, and positive facet signs. The injured worker's diagnoses included lumbar radiculopathy, lumbar facet arthropathy, and chronic pain. The injured worker's treatment plan included medial branch blocks at the bilateral L4 through the S1 to determine the appropriateness of radiofrequency neurotomy for the injured worker and continuation of medications. An appeal to a request for authorization on 12/18/2013 documented that the request was supported by significant evidence of facet-mediated pain with no indications of radiculopathy. It was noted that the injured worker had had limited response to acupuncture, chiropractic therapy, physical therapy and non-steroidal anti-inflammatory drugs. An additional request was made for bilateral L4 through S1 medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-L5, L5-S1 MEDIAL BRANCH NERVE BLOCK: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 California Medical Treatment Utilization Schedule does not specifically address diagnostic facet injections. The Official Disability Guidelines (ODG) recommends diagnostic facet injections to determine the appropriateness of radiofrequency ablation for injured workers who have facet-mediated pain that has failed to respond to conservative therapy. The clinical documentation does indicate that the injured worker has failed to respond to conservative therapy to include acupuncture, chiropractic care, physical therapy, and medications. Additionally, the clinical documentation does indicate that the injured worker has well documented facet-mediated pain. As such, the requested for bilateral L4-5 and L5-S1 medial branch nerve block is medically necessary and appropriate.