

Case Number:	CM13-0060771		
Date Assigned:	12/30/2013	Date of Injury:	03/27/2003
Decision Date:	05/12/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/22/2013

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 Occupational Medicine, 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 male who was injured on 03/27/2003 when he was riding a bike and fell after hitting uneven pavement. Prior treatment history has included medications, injections, acupuncture and physical therapy. The patient underwent a right shoulder rotator cuff repair and clavicle debridement in 2005. No diagnostics of the lumbar spine were submitted for my review. Further, all other records are addressing body areas that do not relate to the lumbar spine. PR2 dated 06/20/2013 stated the patient had complaints of acute exacerbation of low back pain. He reports similar pain in his lower back with his initial injury. He is presently taking over the counter medication anti-inflammatory medication without relief of his pain symptoms. He rated his pain at 8/10. The patient reported insomnia. He takes Vicodin. On physical examination, he is moderately tender to palpation in the lumbar region, mostly rightward at the L4-5, L5-S1 region. He has increased pain with extension on range of motion. The patient is diagnosed with 1) Myofascial pain syndrome; 2) Lumbar spondylosis; 3) Sacroiliac pain. The patient's pain is axial in nature. Based on the history, physical examination, and diagnostic studies, the lumbar facets are major pain generators for this patient's axial lower back pain. It is medically necessary to perform a series of 2 lumbar median branch nerve injections as they will help confirm the diagnosis of lumbar facet arthropathy and potentially relieve the patient's pain due to this condition. If 2 facet injections provide significant but short-lasting pain relief, consideration will be given to radiofrequency denervation of the lumbar facets.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MEDIAL BRANCH BLOCK UNDER IV SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: While lumbar medial branch diagnostic block appears to be medically necessary in this case, the need for IV sedation is not established. IV sedation should only be given in cases of "extreme anxiety" according to the guidelines. Extreme anxiety is not documented nor is a rationale provided for IV sedation. Therefore, lumbar medial branch under IV sedation is non-certified.