

Case Number:	CM13-0061698		
Date Assigned:	12/30/2013	Date of Injury:	12/30/2002
Decision Date:	04/14/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/05/2013

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 and is licensed to practice in Illinois. 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 64-year-old male who reported an injury on 12/30/2002. The mechanism of injury was from a fall. The 10/21/2013 note reports a complaint of low back pain radiating into the right thigh and calf with numbness and tingling in the toes. His pain was rated as 5-8/10. The note states the patient's last injection was over a year ago, and his pain returned in the L4-5 distribution area, which decreased his functionality by 50%. Upon examination, he had patellar and Achilles reflexes noted at 1 on the left, unable to obtain medial hamstrings or Achilles on the right, and patellar rated at 1 on the right. He had decreased sensation in the medial calf, the 1st and 2nd digits, the dorsum of the foot, and plantar surface of the foot. He exhibited positive slump's testing on the right side, lumbar extension and right lateral rotation positive for right buttock pain, positive Gaenslen's testing on the right side, and 5/5 strength testing. He was recommended an L4-5 and medial branch block with corticosteroids. The note states the patient has had these injections before, which gave him 50% analgesia and improved functionality for at least 5 to 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4 AND L5 MEDIAL BRANCH BLOCKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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; Facet joint medial branch blocks (therapeutic injections).

Decision rationale: The note states the patient has had these injections before, which gave him 50% analgesia and improved functionality for at least 5 to 6 months. Official Disability Guidelines recommends medial branch blocks as a diagnostic too and not for therapeutic purposes. Additionally, the documentation submitted did not provide evidence of failed outcomes from conservative therapies or objectively measured pain relief for 6 to 8 weeks. As such, the request is noncertified.