

Case Number:	CM13-0061912		
Date Assigned:	12/30/2013	Date of Injury:	02/07/2013
Decision Date:	03/26/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/05/2013

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 Physical Medicine & Rehabilitation 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:

This 39 year-old female sustained a trip and fall injury on 2/7/13. The request under consideration is an outpatient medial branch block at lumbar L5 dorsal ramus level and L4 medial branch level. A lumbar spine MRI of 8/4/13 showed questionable bilateral spondylosis at L5 without spondylolisthesis, bilateral facet arthropathy at L5-S1 with mild neuroforaminal narrowing; and probably renal cysts in right kidney. Report of 11/14/13 from provider noted complaints of bilateral low back pain at scale of 4/10 without radiation to lower extremities; no numbness or tingling. She has received physical therapy visits which worsened her pain and chiropractic care which helped. She does not currently take any medications, but smokes 6 cigarettes/day. Exam showed patient to be 5'1" at 227 pounds; lumbar range of flex/ext of 70/15 degrees; extension movement with pain at L5 paraspinal region; local tenderness, no palpable spams, SLR negative, no motor or sensory loss. Request for lumbar blocks was non-certified on 12/2/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch blocks at L4-L5 dorsal ramus levels: 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), Low Back Chapter, Medial Branch Blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ODG, Low Back Chapter, Facet Joint Diagnostic Blocks

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. Although the patient does not exhibit radicular symptoms, clinical findings do not clearly specify with positive axial loading pain or direct facet tenderness. Additionally, the patient has noted a VAS level of 4/10 and is currently not on any medications at all. Medical reports have also not documented failed conservative therapy as the patient noted chiropractic treatment helping and has not had full trial of physical therapy with only 4 visits completed nor has acupuncture been trialed as noted by the provider. Submitted reports have not demonstrated support to meet guidelines criteria for the lumbar blocks. The outpatient medial branch block at lumbar L5 dorsal ramus level and L4 medial branch level is not medically necessary and appropriate.