

Case Number:	CM13-0061966		
Date Assigned:	12/30/2013	Date of Injury:	11/18/2008
Decision Date:	05/16/2014	UR Denial Date:	11/06/2013
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 Physical Medicine and Rehabilitation, and is licensed to practice in 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 48-year-old male who reported an injury on 11/18/08, while attempting to close a high pressure water valve. Current diagnoses include mechanical low back pain, failed back surgery syndrome, lumbar degenerative disc disease, left lower extremity radiculopathy, and lumbar facet joint arthropathy. The most recent physician progress report submitted for this review is dated 7/25/13. The injured worker reported constant lower back pain with radiation to the left lower extremity. Physical examination on that date revealed limited lumbar range of motion, tenderness to palpation of bilateral lumbar paraspinous muscles, and a limping gait. Treatment recommendations at that time included bilateral L3-4 medial branch nerve blocks. It is noted that the injured worker previously underwent an MRI of the lumbar spine on 7/17/13, which indicated a laminectomy with mild residual bulging disc at L4-5 without any evidence of canal stenosis at L4-5 or L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR BILATERAL L4-S1 MEDIAL BRANCH NERVE BLOCKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM guidelines state that invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines state that the patient's clinical presentation should be consistent with facet joint pain, signs, and symptoms. There should be documentation of a failure of conservative treatment. There should also be documentation of pain relief following an initial injection prior to the administration of an additional facet joint injection. There is no evidence of facet mediated pain upon physical examination. There is also no evidence of facet abnormality upon imaging study. There is no mention of an exhaustion of conservative treatment to include home exercise, physical therapy, and NSAIDs. The current request for four medial branch nerve blocks exceeds guideline recommendations. Therefore, the request is not medically necessary.