

Case Number:	CM13-0067239		
Date Assigned:	06/30/2014	Date of Injury:	05/30/2007
Decision Date:	08/07/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology, Pain medicine and is licensed to practice in Florida. 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 54-year-old female who reported an injury on 05/30/2007. The mechanism of injury was not provided. On 10/28/2013, the injured worker presented with complaints of bilateral hip, knee, and ankle pain. Upon examination, there was tenderness and guarding to the bilateral multifidus and longissimus and left SI joint and the bilateral hips were positive for tenderness over the greater trochanter, left greater than right. The diagnoses were lumbar degenerative disc disease, left ankle sprain/strain, spondylolisthesis, spinal stenosis, facet arthrosis, torn medial meniscus of the knee, torn lateral meniscus of the knee, and knee joint effusion. Prior therapy included medication. The provider recommended a bilateral medial branch block from L4-5 and L5-S1. The provider's rationale was not provided. The request for authorization form was dated 10/28/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial branch block at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Medial Block.

Decision rationale: The request for a bilateral medial branch block at L4-5 and L5-S1 is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques such as local injections and facet joint injections are of questionable merit. The Official Disability Guidelines further state that the following criteria must be used for the use of a diagnostic block, limited to injured workers with low back pain that is nonradicular and at no more than 2 levels bilaterally, documentation of failure of conservative treatment prior to the procedure for at least 4 to 6 weeks, use of IV sedation may be grounds to negate the results of diagnostic blocks and should be used in cases of extreme anxiety, and diagnostic blocks should not be performed in injured worker's whom a surgical procedure is anticipated. The medical documentation note tenderness to palpation in the L5-S1. There is absence of motor strength testing, sensory examination, and a straight leg raise test. There is not enough information in the physical examination to determine necessity of a bilateral medial branch block. Additionally, there is lack of evidence that the injured worker has failed to improve with the course of conservative therapy to include medication and physical therapy. As such, the request is not medically necessary.