

Case Number:	CM13-0068569		
Date Assigned:	01/03/2014	Date of Injury:	11/02/2012
Decision Date:	04/22/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/19/2013

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 Internal 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 46-year-old female with date of injury on 11/02/2012. The mechanism stated is cumulative trauma to the axial spine from 1992 until the date of reported injury. Her current diagnoses are cervical, thoracic and lumbar spine strain, cervical radicular syndrome, right lumbar radiculopathy, and bilateral shoulder girdle strain. She has received physical therapy off and on and had some improvements, but noted to be short-lived. She has used transcutaneous electric nerve stimulation (TENS) unit, oral non-opiate medications, and ice at home. She suffers from fairly significant co-morbid mood issues with anxiety and posttraumatic stress disorder (PTSD). Various psychotropic medications have been trialed including fluoxetine, Bupropion XL, Risperidone, Venlafaxine XR, alprazolam, Temazepam, and Lorazepam. The regimen changes often in the data provided. She received epidural steroid injections for her cervical spine and that was reported to have given her significant benefit. She started complaining of marked increasing back pain in September 2013. The evaluation showed low back axial pain and no signs of radicular findings on exam. The diagnosis felt most likely is a facet arthropathy and the request is for L3, L4 and Dorsal Ramus L5 medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK AT L3, L4, AND DORSAL RAMUS L5 ON THE RIGHT:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Back, Facet Joint Blocks.

Decision rationale: The ACOEM guidelines do support medial branch blocks as diagnostic tools for lumbar back pain (page 300-301). The ODG guidelines indicate that facet medial branch blocks are recommended as a trial for lumbar back pain if no more than two levels are suspected and the pain is non-radicular. The interventionist does not support radicular pain based on his clinical exam and objective findings according to the review of the available data. The employee has also failed standard conservative care of oral medication and physical therapy. Therefore, the guidelines have been met and I am reversing the prior UR decision and the medial branch block is medically necessary.