

Case Number:	CM13-0069077		
Date Assigned:	01/03/2014	Date of Injury:	02/10/2010
Decision Date:	04/24/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/20/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 patient is a 50-year-old male who reported an injury on 02/10/2010. The mechanism of injury was from a fall. The 10/29/2013 clinic note reported a complaint of lumbar spine, right leg, left knee, and left foot pain rated at 5/10 with radiation down the buttock and burning sensation to the left leg, calf and ankle. On examination, he had tenderness to palpation over the lumbar paraspinal muscles with moderate facet tenderness noted at L4 through S1 levels. He had positive left side Kemp's and Farfan test with range of motion described as 20 degrees lateral bending bilaterally, 60 degrees flexion bilaterally and 10 degrees extension bilaterally. He had intact sensation and reflexes bilaterally, left foot hypersensitivity, and allodynia along the dorsum of the foot with mild hyperhidrosis. MRI findings included facet arthropathy with absence of radicular symptoms. The note stated he had failed conservative treatment including physical therapy, chiropractic treatment, medications, rest, and home exercise. He was recommended lumbar medial branch nerve blocks at L4-S1 as a diagnostic trial to determine the origin of the patient's pain and possible radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 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, Low Back

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 diagnostic blocks (injections)

Decision rationale: ACOEM Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders and does not address the criteria for Medial Branch Blocks; however, Official Disability Guidelines indicate that facet joint medial branch blocks are recommended as a diagnostic tool for patients with facet-mediated pain when there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. The documentation submitted states the patient has failed conservative therapies; however, objectively measured outcomes for those therapies over 4-6 weeks were not provided. As such, the request is non-certified.