

Case Number:	CM13-0071527		
Date Assigned:	01/08/2014	Date of Injury:	07/15/2013
Decision Date:	06/05/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/27/2013

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 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 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 53 year old male who reported an injury on 07/15/2013. The mechanism of injury was not reported. Per the 01/08/2014 clinical note, the injured worker reported low back pain radiating to the lower extremities rated at 5/10. Physical exam findings included a positive straight leg raise on the right, diminished reflexes at the knees, absent reflexes at the ankles, diminished sensation along the right L5 and S1 dermatomes, and severe tenderness to palpation of the lumbar facet joints. Lumbar range of motion was noted at 35 degrees of flexion, 15 degrees of extension, 10 degrees of right lateral bending, and 15 degrees of left lateral bending. The treatments to date include physiotherapy, chiropractic therapy, acupuncture, and medications. An MRI of the lumbar spine performed on 11/07/2013 showed spondylosis at L5-S1 and mild disc desiccation at L3-S1. The injured worker had a previous diagnostic lumbar epidural steroid injection and a lumbar facet joint block at L3-4, L4-5, and L5-S1. The provider recommended the injured worker undergo an additional lumbar facet joint block at the medial branch at levels L3-4, L4-5, and L5-S1. The request for authorization form was undated.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FACET BLOCK AT THE MEDIAL BRANCH LEVELS L3-4, L4-5, L5-S1 BILATERALLY: 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).

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 medial branch blocks (therapeutic injections) and Facet joint injections, multiple series.

Decision rationale: The request for lumbar facet blocks at the medial branch levels L3-4, L4-5, and L5-S1 bilaterally is not medically necessary. The Official Disability Guidelines state facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to recommend therapeutic injections for treatment. In addition, only one set of medial branch blocks is recommended prior to a neurotomy for patients with non-radicular low back pain and a normal sensory exam. Per the 01/08/2014 clinical note, the injured worker has already received a medial branch block at L3-4, L4-5, and L5-S1 on an unknown date. The physical exam showed a positive straight leg raise with decreased sensation and reflexes. The medical records provided fail to establish the necessity for a repeat lumbar facet medial branch block. As such, the request is not medically necessary.