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| Case Number: | CM13-0072039 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 12/16/2008 |
| Decision Date: | 06/05/2014 | UR Denial Date: | 12/03/2013 |
| Priority: | Standard | Application Received: | 12/30/2013 |

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 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 26 year old female with a reported injury date on 12/16/2008; the mechanism of injury was not provided. The clinical note from 11/08/2013 noted that the injured worker had chronic 7-9/10 pain to the axial lower back and bilateral lower extremities that increased with prolonged standing and sitting. Objective findings included tenderness and spasms to the paralumbar muscles, limited range of motion to the lumbar spine, and normal deep tendon reflexes at both the L4 and S1 bilaterally. An MRI from 06/18/2013 revealed that the injured worker had L3-4 disc degeneration with a 4mm broad-based central disc bulge and mild facet arthropathy bilaterally, and L4-L5 disc degeneration with a 3mm broad-based central bulge with a small annular tear of the posterior disc margin and mild facet arthropathy bilaterally without significant central canal or nerve root canal stenosis. It was also documented that the injured worker previously underwent a transforaminal epidural steroid injection to the left L3-4 and L4-5 levels on 10/04/2103. The request for authorization of a medical branch block to the left at L2, L4, L4, and L5 was submitted on 11/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L2, L3, L4, AND L5 MEDICAL BRANCH BLOCKS: 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, chapter Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 398-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint medial branch blocks (therapeutic injections).

Decision rationale: The request for a at L2, L3, L4, and L5 medical branch block is not medically necessary. It was noted that the injured worker had chronic 7-9/10 pain to the axial lower back and bilateral lower extremities that increases with prolonged standing and sitting. Objective findings included tenderness and spasms to the paralumbar muscles, limited range of motion to the lumbar spine, and normal deep tendon reflexes at both the L4 and S1 bilaterally. An MRI revealed that the injured worker had L3-4 disc degeneration with a 4mm broad-based central disc bulge and mild facet arthropathy bilaterally, and L4-L5 disc degeneration with a 3mm broad-based central bulge with a small annular tear of the posterior disc margin and mild facet arthropathy bilaterally without significant central canal or nerve root canal stenosis. It was also documented that the injured worker had underwent a transforaminal epidural steroid injection at the left L3-4 and L4-5 levels; with unknown therapeutic effects. ACOEM guidelines state that invasive techniques are of questionable merit. The Official Disability Guidelines state that facet joint medial branch blocks are not recommended except as a diagnostic tool if facet joint pain symptomatology is present. This includes tenderness to the paravertebral areas over the facet region, a normal sensory exam, absence of radicular findings, and a normal straight leg raise exam. Although it was noted that the injured worker had tenderness over the paralumbar muscles it remains unclear based within the documentation provided that a through sensory exam had been completed in order to rule out radiculopathy. As such this request is not medically necessary.