

Case Number:	CM14-0001558		
Date Assigned:	01/22/2014	Date of Injury:	04/06/2010
Decision Date:	07/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/02/2014

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 Rehabilitation, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of 4/6/10. A utilization review determination dated 12/27/13 recommends non-certification of medial branch blocks. A 12/19/14 medical report identifies that the patient was seen on 10/17/13 with low back symptoms including pain, numbness and tingling in the left foot, and weakness in the bilateral legs and right foot. Other symptoms include constipation, losing bowels, and losing urine. On exam, there is limited lumbar range of motion with tenderness and tightness. Ober's test and lumbar facet loading were positive bilaterally. Conservative treatment has included medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medical branch block to the L3 to L5, report dated 12/19/13, Qty:2.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 & 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain.

Decision rationale: Regarding the request for lumbar medial branch blocks, the CA MTUS guidelines state that invasive techniques are of questionable merit. The Official Disability

Guidelines (ODG) states that medial branch blocks may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there is documentation of potentially radicular symptoms including numbness and tingling in the left foot, weakness in the bilateral legs and right foot, and incontinence. The documentation does not clearly identify a normal neurologic exam to help rule out radiculopathy. In the absence of clarity regarding the above issues, the request for lumbar medial branch blocks is not medically necessary.