

Case Number:	CM14-0002119		
Date Assigned:	01/24/2014	Date of Injury:	12/16/2009
Decision Date:	06/09/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesiology, 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 patient is an employee of [REDACTED] and has submitted a claim for low back pain associated with an industrial injury date of December 16, 2009. Treatment to date has included medications, physical therapy, chiropractic treatment, acupuncture, and right sacroiliac joint injection. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of moderate low back pain. On physical examination, there was limited flexion and extension of the lumbar spine. An MRI of the lumbar spine dated January 12, 2013 showed early disc desiccation at L3-4, L4-5, and L5-S1; and unremarkable exiting L2, L4, L5 nerve roots. An EMG/NCS of the lower extremities dated February 21, 2013 revealed normal EMG and mild right peroneal motor neuropathy around the ankle on NCS.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3 THROUGH S1 MEDIAL BRANCH BLOCK FOLLOWED BY RADIOFREQUENCY ABLATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 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).

Decision rationale: The ODG states that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low back pain that is non-radicular and at no more than two levels bilaterally; there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 facet joint levels are injected in one session. In this case, there was no documentation of a failure of conservative management. Moreover, the present request involves injection of L3 through S1 levels, which is beyond the recommended 2 facet joint levels to be injected per session. The criteria were not met; therefore, the request is not medically necessary and appropriate.