

Case Number:	CM14-0005994		
Date Assigned:	03/03/2014	Date of Injury:	01/26/2012
Decision Date:	06/30/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/13/2014

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:

Patient is a 67-year-old with date of injury January 26, 2012. Per the progress report dated November 1, 2013 by [REDACTED], patient complains of back pain radiating from low back down to left leg with lower back ache and numbness down both legs. Physical examination findings include lumbar range of motion at 62 degrees flexion, 15 degrees extension, 13 degrees left lateral rotation, and 15 degrees to right lateral rotation. Tenderness was noted on the paravertebral muscles, along with spasm and tight muscle band greater on left than right. Lumbar facet loading was positive bilaterally. SLR (straight leg raise) was negative. Motor strength of EHL was 4/5. Knee and ankle DTR were 0/4. Medical treatment with Vicodin failed due to side effect of dizziness. MRI dated 6/20/2013 indicated 2mm disc bulge and facet hypertrophy at L2-3, L3-4, and L4-5. The request for medial branch block L3, L4, and L5; joints: 2, nerves: 3, side: left was denied on December 17, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK, SITE: L3, L4, AND L5; JOINTS: TWO (2); NERVES: THREE (3); SIDE: LEFT: 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 Procedure Chapter.

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 patient presents with low back pain complaint accompanied with radicular symptoms to bilateral legs left greater than right. The Lumbar Facet Joint section of ODG guideline recommends "(1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam." Upon review of the records, [REDACTED] report indicate clinical signs of true radiculopathy with absence of deep tendon reflexes and weakness of the lower extremity. The request for a medial branch block, site: 13, 14, and 15; joints: two; nerves: three; side: left, is not medically necessary or appropriate.