

Case Number:	CM14-0007372		
Date Assigned:	02/10/2014	Date of Injury:	11/03/2007
Decision Date:	06/24/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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 claimant has chronic low back pain, following injury 11/3/2007 delivering a patio door. He has disc bulges at L4-L5 and L5-S1. Per neurosurgeon, in 12/2013, his pain is worse in the low back (80%) than the legs (20%) s/p laminectomy at both levels 2/15/2013. His primary treating physician states, however, that his radiculopathy is most problematic. Other records note severe pain in the legs. The patient's medication includes Ibuprofen, Gabapentin and Hydrocodone-APAP. He has had physical therapy - land based and aquatic, following his spinal surgery. Primary treating physician reports 1/27/2014 that he has no paravertebral muscular tenderness, but lumbar spine pain on examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL MEDIAL BRANCH NERVE BLOCKS L3-L4 L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Medial Branch Blocks; Facet Joint Diagnostic Blocks; Facet Joint Pain, Signs and Symptoms.

Decision rationale: The ACOEM practice guidelines do not recommend facet joint injections. There is no information submitted regarding the ultimate use of the MBB - being specific about whether it is for treatment or for diagnostic purposes. It is not clear whether radicular pain is a significant component of his pain syndrome, and this would not improve with a MBB. A criteria for injection is to not have radiculopathy. One document reviewed indicated that 4 medial branch blocks were requested. As noted, one maximum block is completed for diagnostic purposes only. The examination results did not clearly point to facet joint pathology. For these reasons, the service is not medically necessary or appropriate.