

Case Number:	CM14-0009254		
Date Assigned:	02/14/2014	Date of Injury:	09/25/2008
Decision Date:	07/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/23/2014

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, 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 27-year-old female patient with a 9/25/08 date of injury. The 1/20/14 progress report indicates persistent low back pain radiating down the bilateral lower extremities. The patient has failed multiple medications, including gabapentin, Lyrica, Cymbalta, Elavil. A 12/16/13 urine toxicology report demonstrated absence of Norco, Ultram, and nortriptyline, inconsistent with prescriptions. Discussion identifies that a facet injection is requested. Physical exam demonstrates limited lumbar range of motion, positive facet loading test, positive straight leg raise test, positive FABER test. Sensation is diminished over the L4, L5, and S1 dermatomes on the left. The 12/16/13 progress report indicates that the patient was chronically using multiple narcotic analgesics with complaints of ongoing back pain referring to the legs. Physical exam demonstrates positive facet loading maneuvers, positive SI joint dysfunction signs, positive straight leg raise test is positive for spinal tenderness. Treatment to date has included lumbar ESI, physical therapy, medication, and activity modification. There is documentation of a previous 1/8/14 adverse determination for lack of clear physical findings corroborating the diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK LT L3 L4 L5: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back Chapter-Medial Branch Blocks).

Decision rationale: CA MTUS is silent regarding this issue. ODG states the following: medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. However, the most recent medical report from the requesting provider is inconsistent with the request as submitted, as facet injections are requested rather than medial branch blocks. In addition, the patient has clear radicular findings, including neurologic sensory deficits in a dermatomal pattern, a clear contraindication to medial branch blocks. Physical exam findings are non-specific for certain facet levels. Therefore, the request for Medial Branch Block Lt L3 L4 L5 is not medically necessary.