

Case Number:	CM14-0106024		
Date Assigned:	07/30/2014	Date of Injury:	08/18/2010
Decision Date:	08/29/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/09/2014

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 8/18/10. A utilization review determination dated 7/7/14 recommends non-certification of right lumbar medial branch blocks. Medical report of 5/8/14 identifies low back pain, increased pain in the right hip and buttock. The injection he had in October to the left SI joint, piriformis, and greater trochanteric bursa helped more than she realized as the pain is now extreme. She is having more pain on the right side of her low back and pelvis with radiation into buttocks down lateral thigh, lateral calf, and foot with accompanied numbness and tingling. On exam, there is tenderness over the right lumbar facet column, right lumbar spine, and right greater than left SI joint, piriformis muscle, and greater trochanteric bursa. There is a positive Faber's test. There is positive pedal edema. Motor is 5/5 and sensory exam is normal. Medial branch blocks L4-S1 were recommended. On 3/27/14 medical report identifies diminished sensation in the L5 and S1 distributions and a positive straight leg raise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar medial branch block L4-L5 QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

Decision rationale: Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG states that medial branch blocks may be indicated if there is non-radicular pain at no more than 2 joint levels as well as tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, the patient is noted to have pain that appears to be radicular with radiation into buttocks down lateral thigh, lateral calf, and foot with numbness and tingling. There is also documentation identifying diminished sensation in the L5 and S1 distributions and a positive straight leg raise. In light of the above issues, the currently requested lumbar medial branch blocks are not medically necessary.

Right lumbar medial branch block L5-S1 QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

Decision rationale: Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG states that medial branch blocks may be indicated if there is non-radicular pain at no more than 2 joint levels as well as tenderness to palpation in the paravertebral area, normal sensory examination and absence of radicular findings. The patient is noted to have pain that appears to be radicular with radiation into buttocks down lateral thigh, lateral calf, and foot with numbness and tingling. There is also documentation identifying diminished sensation in the L5 and S1 distributions and a positive straight leg raise. In light of the above issues, the currently requested lumbar medial branch blocks are not medically necessary.