

Case Number:	CM14-0109601		
Date Assigned:	08/01/2014	Date of Injury:	07/27/1989
Decision Date:	09/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/15/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 54-year-old male was reportedly injured on July 27, 1989. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 3, 2014, indicates that there are ongoing complaints of back pain and neck pain. Current medications include Hydrocodone, Lunesta, and Trazodone. The physical examination demonstrated tenderness and trigger points along the cervical spine paraspinal muscles. There was a normal examination of the lumbar spine. Neurological examination noted decreased sensation on the right at L4, L5, and S1. There was also decreased sensation on the left side at C8, L5, and S1. There was a positive left-sided straight leg raise test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar spine disc replacement, epidural steroid injection at L3-L4, and cervical spine facet injections. A request had been made for lumbar medial branch blocks at L3, L4, and L5 and was not certified in the pre-authorization process on June 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Block L3, L4, L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Criteria for the use of diagnostic blocks for facet "mediated" pain.

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 - Lumbar and Thoracic, Facet Joint Diagnostic Blocks, Updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines the criteria for the use of facet blocks states that no more than two facet joint levels are injected at one session. The guidelines also state that the low back pain should be not radicular. According to the most recent progress note dated April 3, 2014, there is a physical exam finding of a radiculopathy. Additionally this request is for injections are performed at three levels. For these reasons this request for lumbar medial branch blocks at L3, L4, and L5 is not medically necessary.