

Case Number:	CM14-0012263		
Date Assigned:	02/21/2014	Date of Injury:	08/05/2011
Decision Date:	08/07/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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 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:

The patient is a 56-year-old male who has submitted a claim for lumbar radiculopathy, lumbar facet arthropathy, headaches, and iatrogenic opioid dependency; associated with an industrial injury date of 08/05/2011. Medical records from 2013 were reviewed and showed that patient complained of neck pain, and low back pain, graded 9-10/10, radiating to the bilateral lower extremities, associated with numbness of the feet. Physical examination showed spinal vertebral tenderness at the L4-S1 level. Myofascial tenderness was also noted. Range of motion was reduced secondary to pain. Lumbar facet sign was positive. Straight leg raise test was positive bilaterally. Motor testing showed 1+ weakness of resistive plantar flexion of the right big toe. Sensation was intact. Treatment to date has included medications and medial branch nerve block. Utilization review, dated 01/21/2014, denied the request for 1 right L4-L5 and L5-S1 medial branch nerve block, under fluoroscopic guidance, as an outpatient. Rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT L4-L5 AND L5-S1 MEDIAL BRANCH NERVE BLOCK, UNDER FLUOROSCOPIC GUIDANCE AS AN OUTPATIENT: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: As stated on page 300 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, facet injections are recommended for non-radicular facet mediated pain. In addition, the Official Disability Guidelines states that diagnostic medial branch blocks are indicated with non-radicular low back pain; failure of conservative treatment; and no more than 2 joint levels are injected in one session. In this case, the patient complains of low back pain with radicular symptoms despite medications. Patient has had a medial branch nerve block on 12/03/2013, with 5-20% overall improvement. However, the patient complains of radicular pain. Moreover, guidelines recommend medial branch block as a diagnostic procedure. The criteria have not been met. Therefore, the request for one right L4-L5 and L5-S1 medial branch nerve block, under fluoroscopic guidance as an outpatient is not medically necessary.