MAXIMUS Federal Services

Case Number:	CM14-0014539		
Date Assigned:	02/28/2014	Date of Injury:	12/07/2011
Decision Date:	06/27/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/05/2014

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 Neurological Surgery, 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 injured employee is a 43-year-old female who states that she sustained a work-related injury on December 7, 2011. The exact mechanism of injury is not stated. The injured employee was most recently seen on February 12, 2014, and complained of low back pain, radiating down the right lower extremity, and right knee pain. Prior treatment has included a right knee arthroscopy, physical therapy for the knee, and chiropractic care. Current medications were stated to include Flexeril, Norco, Synthroid, and ibuprofen. The physical examination on the state noted and antalgic gait, and decreased lumbar range of motion. There was no tenderness noted at the lumbar spine. There was no decrease in sensation or strength of the lower extremities. A lumbar spine MRI dated February 23, 2012 noted a (central lateral disc protrusion at the L5 - S-1 level with minimal contact of the S-1 nerve root. There was also noted to be a disc bulge at the L2 L3 level and mild facet arthropathy at the L4/L5 and L5/S-1 level. There was a prior right knee arthroscopy for a medial menace ectomy performed on May 1, 2012. Nerve conduction studies of the lower extremities dated September 4, 2012 were found to be normal. There was a diagnosis of bilateral knee pain and a lumbar strain. In previous independent medical review dated January 21, 2014, did not certify left side or right side lumbar medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC MEDIAL BRANCH BLOCK WITH FLUOROSCOPY TO LEFT SIDE L3-4, L4-5, L-5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, LOW BACK COMPLAINTS, 298-300

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines ACOEM 2004 OMPG Low Back, Ch 12. Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), updated June 10, 2014.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not endorse the use of local or facet joint injections of cortisone and lidocaine as this treatment has not been shown to offer any long-term benefit. Additionally the last three notes in the patient's medical record dated February 12, 2014, January 29, 2014, and January 15, 2014, contain no mention of the desired to proceed withmedial branch blocks of the lumbar spine. Additionally the official disability guidelines only recommend one set of medial branch blocks prior to proceeding to a neurotomy. The request for diagnostic medial branch block with fluoroscopy to the left side side L3-L4, L4-L5, and L5-S1 is not medically necessary or appropriate.

DIAGNOSTIC MEDIAL BRANCH BLOCK WITH FLUOROSCOPY TO RIGHT SIDE L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, LOW BACK COMPLAINTS, 298-300

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACOEM 2004 OMPG Low Back, Ch 12. Page(s): 300.

Decision rationale: The California MTUS chronic pain medical treatment guidelines do not endorse the use of local or facet joint injections of cortisone and lidocaine as this treatment has not been shown to offer any long-term benefit. Additionally the last three notes in the patient's medical record dated February 12, 2014, January 29, 2014, and January 15, 2014, contain no mention of the desired to proceed withmedial branch blocks of the lumbar spine. Additionally the official disability guidelines only recommend one set of medial branch blocks prior to proceeding to a neurotomy. For these multiple reasons, this request for a multilevel lumbar medial branch block is not medically necessary.