

Case Number:	CM14-0017972		
Date Assigned:	06/11/2014	Date of Injury:	06/30/2011
Decision Date:	08/15/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/12/2014

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 Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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 47 year old male with date of injury of 6/30/11. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain with radicular pain to the left lower extremity. He has been treated with chiropractic care, medications, acupuncture, TENS unit, and medications. An MRI of the lumbar spine performed in 2013 revealed multilevel disc disease with annular tears at L4-5 and L5-S1 and spondylolisthesis at L5-S1. There is tenderness to palpation of the bilateral facet joints at L3-S1, and decreased and painful range of motion of the lumbar spine. Diagnoses include lumbar spine disc disease, and radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MEDIAL BRANCH NERVE BLOCK LE, L4, L5 BILATERALLY UNDER FLUOROSCOPY AND ANESTHESIA X 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG PAIN PHYSICIAN 2005, ODG LOW BACK CHAPTER.

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

Decision rationale: Per the MTUS, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of this MTUS guideline, the request is not indicated as medically necessary.