

Case Number:	CM14-0019035		
Date Assigned:	04/23/2014	Date of Injury:	04/30/2013
Decision Date:	07/03/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/14/2014

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 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 28 year old male who was injured on 04/30/2013. The mechanism of injury is unknown. Prior treatment history has included 12 visits of physical therapy without any great results. He has already had a TENS trial. He did have the epidural which did not give him any relief. His treatment history also includes Cymbalta 60 mg for neuropathic pain, Gabapentin, and Tramadol. A PR2 dated 03/14/2014 indicates the patient complains that he still has pain in his back rated at about 6/10. It is not going down to his legs. He has failed physical therapy and he has no radicular symptoms. A clinic note dated 02/04/2014 reports the patient can forward flex to 60; extend to 10 and side bend to 10 degrees with pain to the facet joints. His reflexes are 2- and equal at the knees and ankles. Sensory is normal from L1 through L2; Motor is 5/5 and equal. He is tender over the lumbar paraspinals and in the facet joints as well. He has negative straight leg raise. He has been recommended a diagnostic medical branch block and possibly a neurolysis. A clinic note dated 11/21/2013 indicates the patient reports his back continues to be sore, especially with sitting, with pain going down the right leg and ankle off and on. The impression is lumbar radiculopathy which is resolved; lumbar spondylosis; and degenerative disk disease. He is recommended a diagnostic medical branch block to make sure it is not myofascial pain or it is still a radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MEDIAL BRANCH BLOCK, BILATERAL L3, L4, L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Facet Joint Medial Branch Block Injections.

Decision rationale: The ODG recommend medial branch blocks for diagnostic purposes to determine if there is facet mediated back pain. The ODG state that one set of diagnostic medial branch blocks are required with a response of >70% pain relief for at least 2 hours, no pain medications prior to or after the procedure, and no more than 2 levels are injected. In addition, the Guidelines state that there must be documentation of failure of conservative treatment (home exercise, physical therapy, and NSAIDs) and no history of prior back surgery or in patients in whom a surgical procedure is anticipated. The medical records provided for review document tenderness over the facet joints and no improvement with physical therapy; however, there is no documentation of other conservative treatments such as NSAIDs or a home exercise program. Further, the documents show no surgical history and no other diagnostic studies were documented. The request is therefore not medically necessary and appropriate.