

Case Number:	CM14-0019235		
Date Assigned:	04/21/2014	Date of Injury:	02/26/2013
Decision Date:	07/02/2014	UR Denial Date:	01/13/2014
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 & Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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 worker is a 51-year-old male who reported an injury on 02/26/2013. He was working on his truck and reportedly felt an immediate pull, twist, and burn in his low back that radiated to his legs. The clinical note dated 12/23/2013 presented the injured worker with low back pain radiated to the bilateral buttocks and bilateral posterior thighs. The injured workers physical exam revealed tenderness to palpation over the lumbar spinous muscles and facets bilaterally, tenderness over the gluteal regions, decreased range of motion of the lumbar spine, and a seated straight leg raise produces discomfort and stiffness in the low back and buttocks. The clinical note dated 08/26/2013 presented the injured worker with a bilateral positive straight leg raise and weakness in the hips. The MRI (magnetic resonance imaging) dated 04/24/2013 revealed far left lateral disk protrusion at L2-L3, producing mild to moderate left neuroforaminal and lateral recess stenosis, a disc protrusion at L4-L5, and a sacralization of L5. The injured worker is diagnosed with axial low back pain, facet joint syndrome, muscle spasm, myalgia, and lumbar disc bulge. The provider recommended a bilateral L3-L5 medial branch block injections. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L3-L5 MEDIAL BRANCH BLOCK INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for 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, Facet Joint Medial Branch Blocks.

Decision rationale: The request for a bilateral L3-L5 medial branch block injection is non-certified. The Official Disability Guidelines (ODG) does not recommend medial branch blocks except as a diagnostic tool, as there is minimal evidence of treatment for chronic lumbar spinal pain. The ODG notes these injections are limited to patients with lumbar pain that is non-radicular and at no more than two levels bilaterally. The ODG also recommend there should be documented evidence of failure of conservative treatment to include home exercise, physical therapy and non-steroidal anti-inflammatory drugs (NSAIDs), and no more than 2 joint levels should be injected in one session. The clinical note dated 08/26/2013 presented the injured worker with a bilateral positive straight leg raise and weakness in the hips that would indicate radicular pain. The included medical documents also lack evidence of failed conservative treatment. Therefore, the request is non-certified.