

Case Number:	CM14-0019565		
Date Assigned:	04/23/2014	Date of Injury:	05/02/2011
Decision Date:	07/03/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/17/2014

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 Orthopedic Surgery 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 43 year old female whose date of injury is 05/02/11. The injured worker slipped and fell on a wet floor. MRI of the lumbar spine dated 02/01/13 revealed at L5-S1 there is degenerative disc dehiscence of the nucleus pulposus with a 4.5 mm downward protrusion of the nucleus pulposus indenting the anterior portion of the lumbosacral sac causing minimal decrease in the AP sagittal diameter of the lumbosacral canal. The neural foramina appear patent. Normal articular facets are noted. Lateral recesses are clear. Ligamentum flavum are normal. The injured worker is status post left carpal tunnel release on 07/23/13. Orthopedic joint panel qualified medical re-evaluation dated 03/03/14 indicates that the injured worker's subjective complaints are significantly out of proportion to her objective findings. The injured worker was determined to be permanent and stationary. Progress report dated 04/21/14 indicates that the injured worker complains of neck pain, mid back pain, low back pain, bilateral leg pain and bilateral arm pain. Diagnoses are listed as cervical sprain/strain, thoracic sprain/strain, lumbar degenerative disc disease, lumbar sprain/strain, left shoulder impingement syndrome, right shoulder impingement syndrome, left lateral epicondylitis, left carpal tunnel syndrome, left de Quervain's disease, right carpal tunnel syndrome and right de Quervain's disease. Medications are listed as Norco, prilosec, Motrin, Neurontin, Flur-diclo compound and Soma. On physical examination lumbar range of motion is flexion 40, extension 15, and bilateral lateral bending 20 degrees. Straight leg raise test is positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL MEDIAL BRANCH BLOCK AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Chapter, Facet Joint Diagnostic Blocks (Injections).

Decision rationale: Based on the clinical information provided, the request for bilateral medial branch block at L5-S1 is not recommended as medically necessary. There is no indication that the injured worker has undergone any recent active treatment to the lumbar spine. The Orthopedic joint panel Qualified Medical Re-evaluation dated 03/03/14 indicates that the injured worker's subjective complaints are significantly out of proportion to her objective findings. The injured worker was determined to be permanent and stationary. The injured worker's physical examination fails to establish the presence of facet-mediated pain as required by the Official Disability Guidelines. The request is not medically necessary and appropriate.