MAXIMUS Federal Services

Case Number:	CM14-0019898		
Date Assigned:	04/25/2014	Date of Injury:	08/20/2001
Decision Date:	07/07/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/18/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 58 year old female who reported an injury to her lower back on 08/20/2001 after she tripped over a string sticking out of a box. The injured worker reported catching herself but strained her lower back. The clinical note dated 01/28/2014, indicated indicated diagnoses of back pain, radiculitis, lumbar radiculopathy, sciatica and lumbar degenerative disc disease. The injured worker reported low back pain across the lumbar spine that radiated down the leg. She reported her pain as aching and dull and rated the pain 4/10 the symptom is alleviated by injections and exacerbated by walking. On physical exam, the lumbar spine had moderate tenderness to palpation present at the left upper lumbar paraspinal muscles and left lower lumbar paraspinal muscles. She was without radicular symptoms.The range of motion to the lumbar extension was moderately decreased. The left and right facet (Kemps) test were positive. The unofficial x-ray of the lumbar spine revealed facet disease throughout the lower lumbar spine, decreased disc space at L4-5 and L5-S1 with a retrolisthesis of L4-L5 and L5-S1, both grade 1 and stable. The medication regimen included Celebrex, Lyrica and Tramadol. The request for authorization was submitted on 01/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH NERVE BLOCK BILATERAL AT L2-3, L3-4 OF THE LUMBAR:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Facet Joint Diagnostic Block.

Decision rationale: The request for Medial branch nerve block bilateral at L2-3, L3-4 of the lumbar spine is medically necessary. The injured worker was diagnosed with of back pain, radiculitis, lumbar radiculopathy, sciatica and lumbar degenerative disc disease. The Official Disability Guidelines (ODG) recommend medial nerve blocks for "mediated" pain is limited to injured worker's with low-back pain that is non-radicular and at no more than two levels bilaterally. No more than 2 facet joint levels are injected in one session. The injured worker reported pain in the upper lumber area and the lumbar spine had moderate tenderness to palpation present at the left upper lumbar paraspinal muscles and left lower lumbar paraspinal muscles on physical exam. The injured worker was without radicular symptoms, as a result, the medial branch block would benefit the injured worker. The injured worker has a history of successful medial branch blocks and radiofrequency ablation at the lower levels of the lumbar spine. The injured worker is now being recommeded for a medial branch block in the upper lumbar spine due to presistent pain at the higher levels. Therefore, per the Official Disability Guidelines (ODG), the request for the Medial branch nerve block bilateral at L2-3, L3-4 of the lumbar spine is medically necessary.