

Case Number:	CM14-0117346		
Date Assigned:	08/06/2014	Date of Injury:	11/30/2007
Decision Date:	09/18/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/25/2014

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 injured worker is a 57-year-old male who sustained an injury to his low back on 11/30/2007 while employed with [REDACTED]. The patient still complains of low back pain with lower extremity radiation worsening and his pain is ranging between 4/10 and 9/10. He is noted to have pain shooting down the left buttock to calf associated with paresthesia from knee to feet and all toes, sharp and numb sensation. He avoids various ADLs (activities of daily living) and he has trouble with standing, walking, bending, reaching, lifting and prolonged sitting. He does improve with rest and medications. He does notice nocturia. On exam he has decreased sensation over both legs and subjective pain in both feet. Left sitting straight leg raise is somewhat positive and he guards his position and has pain guarding. He has trouble standing straight and minimal extending increase his low back pain for positive facet compression signs. He was given lidocaine and toradol trigger point injections with benefit in some of the deep problem pain, and he had some improved ability to stand up straight. Current medications are Norco 1 and 4 a day, gabapentin 600 mg 6 a day, Lidoderm patches daily, orphenadrine 100 mg twice a day, Ambien zero to 1 time a week, Metanx twice a day, Metoprolol 25 mg 2 a day. Diagnosis includes lumbar sprain, status post lumbar fusion surgery in 2008, old lumbar laminectomy, right upper extremity DVT (deep vein thrombosis) and peripheral neuropathy. UR request is for Bilateral L3, L4, L5 medial branch block was denied due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, L5 medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Low back procedure summary last updated 05/12/2014, Criteria for the 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.

Decision rationale: According to the ODG, facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intra-articular and medial branch blocks if used anyway: No more than one therapeutic intra-articular block is recommended; there should be no evidence of radicular pain, spinal stenosis, or previous fusion. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the injured worker has a history of lumbar fusion and there is clinical evidence of radicular pain. There is no evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. Therefore, the request is considered not medically necessary based on the guidelines and submitted clinical information.