

Case Number:	CM14-0152152		
Date Assigned:	09/22/2014	Date of Injury:	02/14/2014
Decision Date:	12/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/18/2014

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 Emergency Medicine 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 51-year-old female who reported an injury on 02/14/2014 while restraining a child from biting another child, and while she held the child with her left hand, the child threw herself down to the ground, causing the patient to be twisted at the waist, nearly falling to the ground. On 02/25/2014, the injured worker presented with moderate to severe pain. Examination of the lumbar spine noted normal lordotic curvature of the lumbar spine with tenderness to palpation of the spinal elements and left paraspinal musculature. There was muscle spasm and marked decreased range of motion due to pain. There was a negative bilateral straight leg raise. The diagnoses were lumbosacral sprain and muscle spasm. Prior therapy included medications, ice and heat, and home exercise. The provider recommended a left L3-5 medial branch block. The provider's rationale was not provided. 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:

Left L3-5 medial branch blocks: 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/Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Joint Diagnostic Block.

Decision rationale: The request for a left L3-5 medial branch block is not medically necessary. The California MTUS/ACOEM Guidelines state diagnostic and/or therapeutic injections may have benefit in an injured worker presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines further state that the criteria for use of a diagnostic block is limited to injured workers with pain that is non-radicular, no more than 2 joint levels are injected in 1 session; failure of conservative treatment to include home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The provider noted a negative straight leg raise and tenderness over the lumbar spine. However, there was no specific tenderness over the L3-5 region. Additionally, there is no evidence of prior therapies the injured worker underwent and the efficacy of the prior therapies. As such, medical necessity has not been established.