

Case Number:	CM14-0154036		
Date Assigned:	09/23/2014	Date of Injury:	11/08/2011
Decision Date:	10/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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 and is licensed to practice in Maryland and Alabama. 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:

patient is a 53 year old male with a date of injury of 11/8/2011. He injured his lower back and reports persistent lower back pain since that time. He notes stabbing localized lower back pain without any radicular pain down the legs. MRI of his lumbar spine shows multiple lumbar disk herniations and foraminal stenosis. Physical examination revealed positive bilateral straight leg test and positive facet loading test. His provider is requesting facet medial branch blocks at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medical Branch Block L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC, Treatment, Low Back- Lumbar & Thoracic (Acute & Chronic) Online Version

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The ODG and the ACOEM guidelines state that for facet joint injections to be medically necessary, there should be no evidence of radicular pain, spinal stenosis, or previous fusion. These criteria are not met as the patient in this case has documented lumbar

spinal stenosis on imaging. Patient also has bilateral straight leg raise test, which could or could not be radicular in nature. I also don't see a trial of a more conservative course of management such as therapy or NSAIDs. Therefore, as per the guidelines and medical records available, this request is not medically necessary.