

Case Number:	CM14-0158835		
Date Assigned:	10/28/2014	Date of Injury:	11/08/2013
Decision Date:	12/04/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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 Neurology, has a subspecialty in 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:

10/21/14 note indicates pain in the low back more on the right side. The pain is 6/10 and worsened with sitting and walking. Medications improve pain by 50%. MRI 1/11/14 is reported to show disc bulge at L5-S1 with possible impingement of L5 and S1 nerve roots bilaterally. There is also reported stenosis at L3-4 with possible compromise of L3 nerve root per the provider. 4/30/14 bilateral L5 transforaminal ESI gave minimal relief. Treatment was recommended to include PT, NSAID, opioids, and muscle relaxants. 9/14/14 examination notes positive lumbar facet loading on the right and left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Block @ bilateral L3-5 (S1): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Low Back, (Facet joint diagnostic blocks (injections))

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, medial branch blocks

Decision rationale: ODG guidelines support medial branch blocks for diagnosis of lumbar pain with demonstrated physical exam findings of facet mediated pain and no findings of radiculopathy who have failed other conservative care. The medical records support the insured has positive physical exam findings consistent with facet mediated pain. The insured does not have radiculopathy and has failed other conservative care including PT and medications. The insured is supported for facet medial branch blocks for diagnostic purposes congruent with ODG guidelines.