

Case Number:	CM14-0159389		
Date Assigned:	10/17/2014	Date of Injury:	07/11/2013
Decision Date:	11/18/2014	UR Denial Date:	09/17/2014
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 Orthopedic Surgery 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 female whose date of injury is 07/11/2013. The mechanism of injury is described as picking up a banker box. The injured worker underwent transforaminal epidural steroid injection L4-5 on the left on 02/28/14 with excellent short term relief. The injured worker underwent lumbar facet injection bilateral L4-5 on 05/30/14. Note dated 06/30/14 indicates that the injured worker reports a 50% decrease in her pain following the injection. Office visit note dated 10/06/14 indicates that the injured worker presents with back pain across the lumbar spine. Current medications include Crestor, aspirin, Lidoderm patch and Losartan. On physical examination there is moderate tenderness to palpation at the left lower paraspinal muscles and paravertebral over the facet joints bilateral L4-5 and right lower lumbar paraspinal muscles. Straight leg raise is negative bilaterally. Kemp's test is positive bilaterally. Deep tendon reflexes are within normal limits in the lower extremities. Strength is 5/5 throughout. Sensation is intact to light touch. Diagnoses are lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, low back pain, and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Median Branch Block Nerve Block at Bilateral L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

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 Chapter, Facet joint diagnostic blocks (injections)

Decision rationale: Based on the clinical information provided, the request for lumbar median branch block nerve block at bilateral L4-5 is recommended as medically necessary. The injured worker sustained a low back injury and has undergone conservative treatment in the form of physical therapy, lumbar epidural steroid injection and L4-5 facet injection which provided 50% pain relief. The injured worker's physical examination documents moderate tenderness to palpation at the left lower paraspinal muscles and paravertebral over the facet joints bilateral L4-5 and right lower lumbar paraspinal muscles. Kemp's test is positive, and there are no radicular findings on physical examination. Given the injured worker's findings on physical examination as well as completion of a course of conservative treatment, medical necessity is established in accordance with the Official Disability Guidelines. Given the additional clinical data, there is sufficient information to support a change in determination, and the request is medically necessary.