

Case Number:	CM14-0163702		
Date Assigned:	10/09/2014	Date of Injury:	11/12/2013
Decision Date:	11/04/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/06/2014

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 Geriatrics, and is licensed to practice in New York. 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 62 year old woman with a date of injury of 11/12/13. She is status post L4-5 transforaminal epidural steroid injections in 3/15 and 5/14. She was seen by her pain management physician on 8/21/14 with complaints of pain in her low back, left wrist and right shoulder. Her medications included tramadol and ibuprofen. Her exam showed a wide based gait with diffuse lumbar paraspinous muscle tenderness and moderate L4-S1 facet tenderness. She had a positive Kemp's test, Farfan test and straight leg raise bilaterally. Her lower extremity muscle testing and reflexes were normal. Her assessment was lumbar disc disease, radiculopathy and facet syndrome. She had EMG/NCV studies of the bilateral lower extremities showing diffuse polyneuropathy. At issue in this review is the request for bilateral L4-S1 medial branch block injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection: Bilateral L4-S1 Medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: Subacute and chronic low back pain: Nonsurgical interventional treatment

Decision rationale: This injured worker has chronic back with tenderness to palpation on exam but normal strength and reflexes of the lower extremities. Medial branch nerve blocks to the innervation of facet joints have been used both diagnostically and therapeutically for presumed facet joint pain. However, there are no trials comparing efficacy of medial branch blocks to placebo injections to support use. In this worker, the records do not sufficiently substantiate the medical necessity of L4 -S1 medial branch nerve injections.