

Case Number:	CM14-0164950		
Date Assigned:	10/10/2014	Date of Injury:	11/16/2011
Decision Date:	11/10/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/07/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 45-year-old female with date of injury of 11/16/2011. The listed diagnosis per [REDACTED] is axial low back pain. According to this report, the patient complains of back pain that is stabbing and pinching daily. She rates her pain 3/10 to 4/10. The pain is made worse with leaning backwards as well as prolonged standing. The patient states that the pain is made better with both tramadol and Wellbutrin. The examination shows the patient is alert and oriented. She has a non-antalgic gait. The patient has full range of motion in the lumbar flexion and extension with positive facet loading on the right. There is tenderness to palpation along the paraspinal musculature bilaterally at L3, L4 and L5. Pain is worse on the right than the left. No tenderness to palpation along the spinous processes and lumbar spine. Straight leg raise is negative bilaterally. The treater references an MRI performed on 02/06/2014 of the lumbar spine showing facet hypertrophy at L5-S1. The documents included physical therapy reports from 02/12/2014 to 06/05/2014. The utilization review denied the request on 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block at L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter Facet joint diagnostic blocks (injections)

Decision rationale: This patient presents with low back pain. The treater is requesting a medial branch block at L4-L5. The ACOEM Guidelines do not support facet injections for treatment, but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG Guidelines also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. The 08/06/2014 report notes tenderness to palpation along the paraspinous musculature bilaterally at L3-L4, and L5. Straight leg raise is negative bilaterally. The records do not show any previous medial branch blocks at L4-L5. In this case, the patient does present with tenderness along the paraspinous musculature at L3, L4, and L5 with no radiating symptoms, and the request is within ODG's recommendations. Therefore, Medial Branch Block at L4-L5 is medically necessary.