

Case Number:	CM14-0173788		
Date Assigned:	10/27/2014	Date of Injury:	12/02/2013
Decision Date:	12/04/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/21/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 42-year-old male who reported an injury on 12/02/2013. The mechanism of injury was not provided. On 03/24/2014, the injured worker presented with low back pain. Upon examination, there was tenderness noted to palpation of the right paraspinal muscles and a negative straight leg raise bilaterally. There was intact sensation to light touch and pinprick in all dermatomes in the bilateral lower extremities along with 5/5 motor strength. The diagnoses were lumbar strain and sprain and lumbar degenerative disc disease. Prior therapy included Norco. The provider recommended a medial branch block in the bilateral L3-5 to the lumbar spine. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block, Bilateral L3-L5, Lumbar, QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Block

Decision rationale: The request for a medial branch block for the bilateral L3-4 in the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that diagnostic or therapeutic injections may be benefit in an injured worker presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines further state that criteria for the use of a diagnostic block is limited to injured workers with pain that is nonradicular; no more than 2 joint levels are injected in 1 sessions; and a failure of conservative treatment to include home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The provider noted the negative bilateral straight leg raise, tenderness to palpation over the right paraspinal muscles, intact sensation, and 5/5 strength. There was no specific tenderness noted over the L3-5 dermatomes. Additionally, the physical examination findings are within normal limits with the exception of tenderness noted in the right paraspinal muscles. As such, the medical necessity has not been established.