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| Case Number: | CM14-0176154 | | |
| Date Assigned: | 10/29/2014 | Date of Injury: | 09/27/2011 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 09/26/2014 |
| Priority: | Standard | Application Received: | 10/23/2014 |

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 Occupational Medicine 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:

Patient is a 56 year-old female with date of injury 09/27/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/09/2014, lists subjective complaints as pain in the low back with radicular symptoms to the right lower extremity. MRI of the lumbar spine performed on 06/11/2013 was notable for posterior annular tear at L4-5 with a 2-3mm posterior disc bulge resulting in moderate bilateral neural foraminal narrowing, as well as mild canal stenosis and facet joint hypertrophy. Patient underwent an ESI of the lumbar spine on 08/11/2014 and reported that it "helped a little." Objective findings: Examination of the lumbar spine revealed spasm, tightness and tenderness over the paravertebral muscles. Facet tenderness was noted over L5-S1. Kemp's test was positive bilaterally. Straight leg raising test was positive in seated and supine positions at 50 degrees on the right and 60 degrees on the left. Range of motion of the lumbar spine was restricted in all planes. Sensation was decreased in the L5 and S1 distributions bilaterally. Diagnosis: 1. Lumbar spine disc disease 2. Lumbar spine radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 medial branch blocks: 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 Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks therapeutic injections

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. Bilateral L4-S1 medial branch blocks are not medically necessary.