

Case Number:	CM14-0020775		
Date Assigned:	04/30/2014	Date of Injury:	05/01/2011
Decision Date:	07/08/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/19/2014

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 & Rehabilitation 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 63-year-old female who reported an injury on 05/01/2011. The mechanism of injury is reportedly due to lifting a wheelchair causing low back pain. Per the clinical note, dated 04/24/2014 the injured worker reported continued low back pain, left lower extremity and hip pain rated at 4/10 with pain medications. It was noted that the injured worker had chiropractic treatment with improvement in pain and acupuncture without improvement in pain. The diagnoses for the injured worker include thoracic or lumbosacral neuritis or radiculitis not otherwise specified (NOS), arthropathy NOS myalgia and myositis NOS, and muscle spasm. Per the visit note, dated 01/30/2014 straight leg raise was negative bilaterally. There was a note stating the injured worker underwent an ablation but the location and date were not provided. Request for authorization for medical treatment was dated 12/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT MEDIAL BRANCH BLOCK AT L3-L4 AND L4-L5 LEVELS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back disorders, Facet joint medial branch blocks.

Decision rationale: Per ACOEM Guidelines, facet-joint injections are not recommended for the treatment of low back disorders. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The injured worker has chronic pain that has persisted more than 2 years despite various treatments including an ablation. However, the location of the ablation and the date it was performed are not provided in the clinical documentation. Per the Official Disability Guidelines facet joint medial branch blocks are not recommended except as a diagnostic tool. Minimal evidence for treatment. Criteria for use of therapeutic intra-articular and medial branch blocks are specific in stating there should be no evidence of radicular pain, spinal stenosis, or previous fusion. Per the clinical documentation, radiculopathy was considered as a possible diagnosis related to the leg pain. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Per the clinical documentation, the injured worker is using pain medications and attending chiropractic care. There is a lack of documentation regarding physical therapy or a home exercise regime. Therefore, the request for the outpatient medial branch block at L3-L4 and L4-L5 is not medically necessary.