MAXIMUS Federal Services

Case Number:	CM14-0021036		
Date Assigned:	07/07/2014	Date of Injury:	06/27/2012
Decision Date:	08/06/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	01/09/2014

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:

This female patient's reported a date of injury of 6/27/12. Subsequent to a slip and fall down stairs she developed persistent low back pain and a shoulder injury. Her back pain has persisted that a 7-9/10 despite treatments including physical therapy, epidual injections and oral analgesics. A Spine Surgeon consultation on 1/27/14 opinioned that she likely had facet joint pain with the findings of facet joint tenderness. The radicular component was considered to be a minor component to her pain and the blocks are requested in attempt to avoid surgical intervention. The consultant requested right sided medical branch block of L3-S1 to cover the nerve distribution of the L4-5 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Block: 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): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet medical branch blocks.

Decision rationale: MTUS Chonic Pain Guidelines does not discuss this issue. ACOEM Guideines note that intra-articular joint injections are not recommended which is consistent with ODG Guidelines, but ACOEM does not discuss facet joint nerve blocks. ODG Guidelines discuss this issue in detail and the patient appears to qualify for the requested procedure based on the findings of facet joint tenderness and the lack of a clear radiculopathy. This request was denied in U.R. based on the lack of specificity in the treating physicians request. The U.R. report does not document reviewing the consulting Spinal Surgeons report, which docunents the necessary specificity. The requested right sided L3-S1 facet medical branch blocks are consistent with Guideline recommendations. Therefore, the request for Lumbar Medial Branch Block is medically necessary and appropriate.