MAXIMUS Federal Services

Case Number:	CM14-0021087		
Date Assigned:	05/07/2014	Date of Injury:	01/01/2000
Decision Date:	07/24/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/20/2014

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 3 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 is a 61-year-old male patient with a 1/1/00 date of injury. 1/23/14 progress report indicates persistent right shoulder pain, constant lower back pain, intermittent pain in the right hip traveling to his feet. Physical exam demonstrates positive bilateral straight leg raise test, sensory deficit in the right L2 dermatome, L3 dermatome, L4 dermatome, L5 dermatome, right-sided motor weakness in the lower extremities. There is moderate paraspinal tenderness at L4-5 and L5-S1 bilaterally.Treatment to date has included lumbar ESI, medication, cervical pillow, physical therapy, acupuncture, chiropractic care, a back brace and total hip replacement.There is documentation of a previous 2/4/14 adverse determination; reasons for denial were not made available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FACET MEDIAL BRANCH BLOCK AT L4-L5 AND L5-S1 BILATERALLY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

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 Chapter-Medial Branch Blocks).

Decision rationale: CA MTUS does not address this issue. ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. However, the patient presents with dominant radiculopathy. There is no evidence that the patient's complaints are primarily facet mediated. Therefore, the request for Lumbar facet medial branch block at L4-L5 and L5-S1 bilaterally was not medically necessary.