

Case Number:	CM14-0021098		
Date Assigned:	06/20/2014	Date of Injury:	12/03/2005
Decision Date:	08/08/2014	UR Denial Date:	02/06/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 42-year-old who reported an injury on December 3, 2005. The mechanism of injury was not provided. On May 19, 2014, the injured worker presented with pain radiating to the bilateral anterior thighs and medial calves to the instep, and left hip pain. The diagnoses were lumbosacral radiculitis, lumbosacral facet arthropathy, myofascial pain syndrome, trochanteric bursitis, and encounter for therapeutic drug monitoring. Upon examination of the lumbar spine, the injured worker had full flexion, extension, lateral flexion, and rotation. There was no pain in the lumbosacral area, the ischium, sacral notches, SI joints, or trochanter or muscle spasms evident. There was a negative straight leg and decreased sensation in the right lower extremity from the L2 distally. The provider recommended a bilateral lumbar medial branch block at L3-5; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar medial branch block with fluoroscopic guidance at lumbar L3-L4, and L4-L5: Upheld

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Medial Block.

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines state invasive techniques, such as local injections and facet joint injections of coritsol and Lidocaine, are of questionable merit. The Official Disability Guidelines further state that the following criteria should be used with the use of a diagnostic block: limited to injured workers with low back pain that is nonradicular and at no more than 2 levels bilaterally; documentation of a failure of conservative treatment prior to the procedure for at least four to six weeks; and the use of IV sedation may negate the results of a diagnostic block and should only be used in cases of extreme anxiety. The physical examination of the injured worker noted no pain in the lumbosacral area, ischium, sacral notches, SI joints, or trochanters and a negative straight leg raise. There was lack of evidence of current deficits to warrant the need for a medial branch block. There was also a lack of information regarding the injured worker's failure to respond to conservative treatment to include medication and physical therapy. As such, the request for a bilateral lumbar medial branch block with fluoroscopic guidance at lumbar 3-4, L4-5 is not medically necessary or appropriate.