

Case Number:	CM14-0022452		
Date Assigned:	05/09/2014	Date of Injury:	02/02/2013
Decision Date:	07/10/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopedic Surgery and is licensed to practice in Oklahoma, Texas, California, and Tennessee. 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 36-year-old male whose date of injury is 02/02/2013. He was on a six-foot ladder when the ladder slipped and he fell backwards. Note dated 07/26/13 indicates that treatment to date includes 16 sessions of physical therapy, 24 sessions of chiropractic's and 16 sessions of acupuncture. Lumbar MRI dated 08/09/13 revealed at L4-5 there is minimal broad based bulge and facet arthropathy with mild right neural foraminal narrowing. At L5-S1, anterolisthesis with right paracentral lateral protrusion and bilateral L5 spondylolysis resulting in severe right neural foraminal narrowing and moderate to severe left neural foraminal narrowing. Electrodiagnostic consultation dated 10/28/13 is a normal study of the upper extremities. Note dated 11/22/13 indicates that the injured worker complains of low back pain. Lumbar range of motion is decreased throughout with increased pain on lumbar flexion. There is positive facet challenge to the bilateral L4-5 and L5-S1. Diagnoses are listed as grade I anterolisthesis L5-S1, bilateral L5 spondylolysis, herniated nucleus pulposus (HNP) of the lumbar spine, HNP of the cervical spine, HNP of the thoracic spine, and left shoulder arthralgia. Agreed medical evaluation dated 12/28/13 indicates that the injured worker is not yet permanent and stationary. The injured worker subsequently underwent medial branch blocks bilateral L4-5 and L5-S1 on 01/31/14. Follow up note dated 02/07/14 indicates that the medial branch blocks provided approximately 70% pain relief. The injured worker was recommended to undergo lumbar rhizotomy. The injured worker underwent left shoulder arthroscopy on 02/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MEDIAL BRANCH BLOCK BILATERAL L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

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, Facet joint diagnostic blocks (injections).

Decision rationale: Based on the clinical information provided, the request for lumbar medial branch block bilateral L4-5, L5-S1 is not recommended as medically necessary. The submitted records indicate that the injured worker underwent diagnostic medial branch blocks at L4-5 and L5-S1 on 01/31/14 and reported approximately 70% pain relief. The injured worker was subsequently recommended to undergo lumbar rhizotomy. The Official Disability Guidelines support one set of diagnostic medial branch blocks and do not support a second confirmatory set of blocks. Therefore, the request is not indicated as medically necessary.