

Case Number:	CM14-0023986		
Date Assigned:	02/28/2014	Date of Injury:	09/25/2008
Decision Date:	07/17/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/26/2014

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:

The patient is a 27-year-old female with a 9/25/08 date of injury to his lower back after picking up the cord to an EKG machine off the floor. The patient was seen on 12/16/13 for low back pain with radiation down both lower extremities. Exam findings of the L spine revealed restricted range of motion, tenderness and spasm of the paravertebral muscles, positive lumbar facet loading, Faber test, and straight leg raise on the left. She was seen on 2/17/14 for low back pain with radiating pain down the lower extremities bilaterally. The treatment to date includes physical therapy, medications and ESIX2 in 2010 (not beneficial). The 5/17/12 CT L spine reveals normal discogram at L3/4 and L4/5, L5-S1 grade 3 annular tear with diffuse disc bulge, no evidence of neural impingement in the L spine. The 12/23/11 MRI L spine shows L5-S1 small bulge with no mass effect on nerve roots, otherwise no interval change. The 8/12/10 MRI L spine reveals L4/5 less than 2 mm annular disc bulge, no significant change since MRI dated 12/12/08. A UR decision dated 1/29/14 denied the request given the chronicity of the patient's condition, lack of discussion of treatment over the years, and that the request was for more than 2 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK LT L3 L4 L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: California MTUS does not specifically address medial branch blocks. 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. In this case, the patient has complaints of radicular pain from the low back since her date of injury. She has failed physical therapy, epidural injections, and has been using medications to control her pain. However, this patient has radicular pain, and medial branch blocks are meant to be used as a diagnostic tool in patients with non-radicular pain per ODG. In addition, it is unclear how the requested levels were decided upon, as there were no exam or imaging findings specific to these levels in the documentation provided. Therefore, the request was not medically necessary.