

Case Number:	CM14-0026935		
Date Assigned:	06/13/2014	Date of Injury:	07/19/2012
Decision Date:	07/31/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/03/2014

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 and is licensed to practice in Illinois. 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 51-year-old male who reported an injury on 07/19/2012 due to carrying a heavy object. The injured worker states he has a constant sharp pain in the lumbar spine and calls the pain "severe." The injured worker states the pain is aggravated by flexing, extending, lifting, standing, walking, and sitting and reports pain to the lower back and right leg are increasing. The physician assessed extension at 10/25, flexion 35/60, left lateral bending 15/25, and right lateral bending is 15/25. The Lasegue's test evokes pain on the right. A crossed straight leg raise was negative, as was the femoral stretch and Braggard's test. The physician diagnosed the injured worker with lumbar degenerative disc disease, lumbar disc displacement, and lumbar facet syndrome. The physician initiated a pain medication management plan, including a scheduled urine drug screen, ordered a series of lumbar x-rays, and will request a discogram for L3-4 and L5-S1. The injured worker is status post an arthrodesis. A lumbar Electromyography (EMG) was performed on 10/17/2013 and suggested right L5 nerve root irritation; however, there was no detection of radiculopathy. The injured worker is on conservative care with improvements to bilateral lower extremities. On 08/28/2013, the physician noted the injured worker was better from exacerbation of his pain in his back. The physician again noted improvement on pain levels to bilateral lower extremities. The injured worker is now allowed to return to work with modified duties. The physician is requesting a bilateral branch block to the L3-L4 and L5-S1, quantity 2. A Request for Authorization form with rationale was not provided for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL MEDIAL BRANCH BLOCK L3-L4, L5-S1 QUANTITY :2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back.

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, Facet Joint Medial Branch Blocks.

Decision rationale: (ODG) Official Disability Guidelines low back medial branch lock guidelines does not recommend this modality of treatment for diagnostic purposes; however, it may be recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The injured worker has already received a lumbar epidural steroid injection resulting in a diagnoses of right L-5 nerve root irritation with no evidence of radiculopathy. The rationale was not included explaining whether this treatment was for diagnosis purposes or to provide short term relief of pain. The injured worker is presenting with improvement in pain and movement to the lower back, as well as to the bilateral lower extremities. The injured worker does not present with lumbar rigidity. As such, the Request for Authorization is not medically necessary and appropriate.