

Case Number:	CM14-0027478		
Date Assigned:	06/13/2014	Date of Injury:	04/09/2013
Decision Date:	09/30/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/04/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in 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:

This is a 48-year-old male with a 4/9/13 date of injury, when he sustained a lower back and right shoulder injury while pushing a garbage cart and slipped on a banana peel. The patient was seen on 8/2/13 with complaints of right shoulder and low back pain, radiating down into both thighs and knees. The physical examination revealed slightly antalgic gait, restricted range of motion due to pain and no evidence of pain radiating to the lower extremities on lumbar motion. Straight leg raising test was caused pain into the thighs bilaterally. The reviewer's note indicated that the patient was seen on 1/20/14 with complaints of persistent 5/10 lower back pain, exacerbated with activity. Exam findings revealed normal gait, tenderness in the lumbar paraspinal muscles around the facet joint at L4-L5 and L5-S1 area. Straight leg raising test was negative. The diagnosis is lumbar strain/sprain. Radiographs of the lumbar spine dated 4/9/13 (the radiology report was not available for the review) revealed no abnormalities. MRI of the lumbar spine dated 7/2/13 (the radiology report was not available for the review) revealed: 3mm synovial facet cyst at L5-S1, which did not appear to compress the nerve root; degenerative changes at the L5-S1 interspinous space and annular tears of a disc at L3-L4 and L4-L5. Treatment to date: work restriction, physical therapy, cold patch, and medications. An adverse determination was received on 2/14/14 given that the request was for 3 nerve innervation levels, which was not recommended due to guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK INJECTION OF THE BILATERAL L3, L4, L5 TO BE PERFORMED UNDER FLUOROSCOPIC: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: CA MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The physical examination dated 1/20/14 revealed negative straight leg raising test with tenderness in the lumbar paraspinal muscles and the lumbar MRI dated 7/2/13 did not reveal the nerve root compression. In addition, the request exceeded recommended number of the injection levels and the rationale for the request was not clear. Therefore, the request for medial branch block injections of the bilateral L3, L4, L5 under fluoroscopy was not medically necessary.