

Case Number:	CM14-0029317		
Date Assigned:	06/20/2014	Date of Injury:	12/30/2011
Decision Date:	08/11/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/07/2014

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 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 female who reported an injury on 12/30/2011, caused by an unspecified mechanism. The injured worker's treatment history included acupuncture treatment, chiropractic treatment, psychological testing, a CT scan, MRI, medications and a facet lumbar joint injection. It was noted on 06/28/2013 that the injured worker had undergone an MRI of the lumbar spine that revealed levoscoliosis at the level of L3, straightening of the lordotic curve and multilevel degenerative disc disease at L1-2, L4-5 and L5-S1. There were disc protrusions at L4-5 and L5-S1 without nerve root impingement. It was noted that there was mild left foraminal narrowing at L5-S1. The injured worker was evaluated on 01/06/2014 and complained of lower back pain that had been constant and it noted she had difficulties with her activities of daily living. The pain level was a 6/10. The provider noted increased pain and tenderness to palpation over the lower back. She had decreased range of motion. The medications included Mobic. The diagnoses included a lumbar disc protrusion and lumbago. The Request for Authorization dated 02/06/2014 was for a bilateral L4-S1 median branch nerve block; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 median branch nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for

Workman's Compensation Low back summary last updated 12/27/2013: Criteria for the use of diagnosis blocks for facet "mediated" pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic (Acute & Chronic) Facet joint medial branch blocks (therapeutic injections).

Decision rationale: The requested service is not medically necessary. According to the California MTUS/ACOEM Guidelines, invasive techniques have no proven benefit in treating acute low back symptoms. More specifically, the Official Disability Guidelines recommends documented conservative care including home exercise, physical therapy and medications, prior to procedure for 4-6 weeks. Furthermore the guidelines indicate using a log to record activity to support subjective finding for medication use. The log should include the maximum pain relief, maximum pain duration and better pain control using the VAS pain scale. Within the documentation the provider indicated the injured worker had received prior steroid injections however, it was noted there was no pain relief after receiving the injections. The diagnoses included lumbar disc protrusion and lumbago. The documentation provided on 01/06/2014 had lack of evidence of conservative care such pain management / physical therapy and the outcome the home exercise regimen. As such, the request for the bilateral L4- S1 median nerve block is not medically necessary.