

Case Number:	CM14-0033225		
Date Assigned:	06/20/2014	Date of Injury:	10/21/2009
Decision Date:	08/12/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/17/2014

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 Nevada. 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 records, presented for review, indicate that this 53-year-old male was reportedly injured on October 21, 2009. The mechanism of injury was noted as falling over a fence. The most recent progress note, dated February 12, 2014, indicated there were ongoing complaints of low back pain radiating to the left lower extremity. The physical examination demonstrated limited extension of the lumbar spine with pain. There was tenderness at the L4-L5 and L5-S1 lumbar facet joints and paraspinal musculature. Neurological examination noted 5/5 muscle strength, negative straight leg raise testing, and decreased sensation to light touch over the left foot. Previous treatment included physical therapy, epidural steroid injections, acupuncture, and the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit. There was also a subsequent lumbar laminectomy at L3-L4 and L4-L5 in 2011 and an anterior fusion with instrumentation at the same levels in January 2013. A request was made for bilateral diagnostic medial branch nerve injections at the L4-L5 and L5-S1 and was not certified in the pre-authorization process on February 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Medial Branch Nerve Injection to L4-5, L5-S1 Bilateral.: 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 Workers Compensation-Low back procedure summary.

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 - lumbar and thoracic, Facet joint diagnostic blocks, updated July 3, 2014.

Decision rationale: According to the most recent progress note dated February 12, 2014, the injured employee was stated to have facet joint pain at L3-L4 and L4-L5. However, there has been a previous fusion at the L4-L5 and L5-S1 levels, rendering the former level immobile. Therefore, it is unclear how there can be claimed facet joint pain at L4-L5. The note from the treating provider on this date quoted the Official Disability Guidelines and stated that the injured employee did not have a previous fusion at the planned injection level, whereas the same note stated that this indeed did take place. This request for diagnostic medial branch nerve injections at L4-L5 and L5-S1 is not medically necessary.