

Case Number:	CM14-0040416		
Date Assigned:	06/27/2014	Date of Injury:	06/14/2006
Decision Date:	08/20/2014	UR Denial Date:	02/24/2014
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 & 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 47-year-old male who reported an injury on 06/14/2006. He reportedly sustained an injury after using a dolly to take a keg of beer up the stairs while making a delivery. On 09/04/2013 the injured worker presented with back pain. On examination of the lumbar spine there was a positive bilateral straight leg raise with decreased bilateral range of motion and tenderness to palpation at the L4-5 facet with radiating tingling to the left foot. There was normal strength and muscle tone. Prior treatment included medications. The provider recommended a medial branch nerve block to the bilateral L3-5. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Nerve Block Lumbar- Bilateral L3, L4 and L5: Upheld

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

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, Facet Joint Diagnostic Block.

Decision rationale: The request for a medial branch nerve block to bilateral lumbar L3, L4 and L5 is not medically necessary and appropriate. The California MTUS/ACOEM Guidelines state diagnostic and/or therapeutic injections may benefit an injured worker presenting in the transitional phase between acute and chronic pain. Official Disability Guidelines further state that the criteria for the use of a diagnostic block is limited to injured workers with pain that is nonradicular, no more than 2 joint levels to be injected in 1 session, documented failure of conservative treatment to include home exercise, and physical therapy prior to the procedure for at least 4 to 6 weeks. The physical examination noted a bilateral positive straight leg raise, tenderness to the facet and normal motor strength. Radiculopathy is the exclusionary criteria for medial branch block. Additionally, there is lack of documentation of the injured worker's failure to respond to conservative treatment to include home exercise and medications for at least 4 to 6 weeks. As such, the request for medial branch nerve block to bilateral lumbar L3, L4 and L5 is not medically necessary.