

Case Number:	CM14-0041331		
Date Assigned:	07/07/2014	Date of Injury:	08/29/2013
Decision Date:	08/29/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of August 29, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; opioid therapy; a cane; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated March 25, 2014, the claims administrator denied a request for multilevel lumbar facet blocks. The applicant's attorney subsequently appealed. On October 9, 2013, the applicant's attending provider sought authorization for L4-L5 and L5-S1 lumbar epidural steroid injections. Zanaflex was introduced. The applicant was described as not working owing to ongoing complaints of low back pain. The applicant had strength score of 4/5 about left lower extremity versus 5/5 about the right lower extremity. The applicant reported complaints of low back pain radiating to the left leg and also reported dysesthesias about the leg at that point, it was stated. MRI imaging of the lumbar spine of October 3, 2013 demonstrated some compression and impingement upon the left L4 nerve root. Authorization for medial branch blocks was later sought via a progress note dated March 26, 2014. However, on April 18, 2014, the applicant was again described as having ongoing complaints of low back pain radiating to the left leg. The applicant was described as having active lumbar radiculopathy. The applicant was placed off of work, on total temporary disability. It was stated that the applicant might require further lumbar epidural steroid injections. Tramadol was endorsed. It was stated that the applicant might require a surgical intervention insofar as the lumbar spine was concerned. Electrodiagnostic testing of the bilateral lower extremities was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Medial Branch Nerve Block L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, page 309.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in Chapter 12, Table 12-8, page 309, facet joint injections such as a medial branch block being sought here are deemed not recommended. In this case, there is considerable lack of diagnostic clarity. The applicant has ongoing lumbar radicular complaints. The applicant appears to have had epidural steroid injection therapy for the same. The applicant's most recent primary treating provider suggested that the applicant may ultimately require a lumbar discectomy to ameliorate ongoing lumbar radicular complaints. The proposed medial branch blocks are not indicated both owing to the considerable lack of diagnostic clarity, then, as well as the unfavorable ACOEM position on the procedure in question. Therefore, the request is not medically necessary.