MAXIMUS Federal Services

Case Number:	CM14-0042313		
Date Assigned:	06/30/2014	Date of Injury:	04/21/2003
Decision Date:	08/19/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/08/2014

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 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 patient is a 59-year-old male with 04/21/03 date of injury sustained to his low back while lifting a concrete trash can weighing 600 pounds. Progress report dated 02/24/14 states subjective complaints of low back pain rated at 9/10, occasionally shooting into his legs but mostly concentrated in his lower back. 3 or 4 years ago an epidural injection was performed, providing a mild relief. He has not had acupuncture therapy, chiropractic therapy, or surgery. He has had physical therapy with some relief. Medications include hydrocodone/APAP 10/325, Lortab elixir 7.5/500/15cc once per day and tramadol ER 150 mg. Patient claims 50% pain relief from medications. An MRI dated 05/11/10 reveals DDD (degenerative disc disease) with exaggeration of normal lumbar lordosis, facet arthropathy with retrolisthesis T11-12, T12-L1, L2-3, L3-4 and grade 1 anterolisthesis L4-5. Canal stenosis includes L2-3 mild, L3-4 mild to moderate. Neural foramina narrowing include L3-4 moderate right, mild left, L4-5 moderate right, mild left. Objective findings: Normal gait; strength, sensation and reflexes in lower extremities are symmetrical and intact. There is decreased ROM (range of motion) of the lumbar spine. Increased patellar reflex on the left and negative straight leg raise. Diagnoses include lumbar facet arthropathy, degenerative disk disease of the lumbar spine, HNP (herniated nucleus pulposus) lumbar spine, with canal stenosis and bilateral neural foraminal stenosis. In addition, the progress report dated 12/02/13 states that the patient has had rhizotomy 3 years ago with greater than 50% relief for longer than one year. The request is for 1 Medial Branch Block at the Bilateral L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medial Branch Block at the Bilateral L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back, Facet joint intra-articular injections (therapeutic blocks).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter medial branch blocks.

Decision rationale: ODG Criteria for the requested procedure are not met. Specifically, there is a lack of documented failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. Per treating physician's appeal letter dated 03/13/14, physical therapy, medications, activity modification and HEP were attempted however it is unclear how long ago. No progress notes from physical therapy treatment are included. There is no record of pain control attempts via NSAIDs in the recent 4-6 weeks. Recommendation: Non-Certify.