

Case Number:	CM14-0051477		
Date Assigned:	06/27/2014	Date of Injury:	11/19/2012
Decision Date:	10/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/21/2014

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:

Patient is a 59 year-old female with date of injury 11/19/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/18/2014, lists subjective complaints as pain in the low back with radicular symptoms down the left leg. Objective findings: Tenderness to palpation and spasm was noted about the left lower lumbar area. Patient complained of pain with motion. Range of motion was slightly decreased for extension, lateral bend to the right and lateral bend to the left. Straight leg test was positive on the left. Motor examination of the left lower extremity was within normal limits. Decreased sensation was present at the dorsal, medial, and lateral aspect of the left foot. Deep tendon reflexes were normal. Diagnosis: 1. Lumbar spine herniated discs, L3-4, L4-5, and L5-S1, with left-sided radiculopathy. Previous treatments include physical therapy (number of visits not provided in records), medications, and ESIs, which were reportedly not beneficial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for worker's Compensation, Online Edition, Low Back & Thoracic Facet Joint Blocks (Injections)

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 & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections)

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no indication in the medical record whether the median branch block would be used for either diagnosis or treatment. There is no specific level mentioned to indicate which segment were to be injected and no radiologic studies to review. Lumbar medial branch block injections are not medically necessary.