

Case Number:	CM14-0053610		
Date Assigned:	07/07/2014	Date of Injury:	07/12/2007
Decision Date:	08/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/22/2014

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 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 MTUS/ACOEM Guidelines do not support facet injections for treatment, but does discuss dorsal medial branch block as well as radiofrequency ablations. The Official Disability Guidelines (ODG) also support facet diagnostic evaluation for patients presenting with paravertebral tenderness with non-radicular symptoms. The Official Disability Guidelines (ODG) also states that facet evaluations should not take place where the level is fused. In this case, the patient presents with radicular pain. As noted in progress report 01/23/2014, the patient complains of low back pain that radiates into the left groin and anterior thigh. Facet injections are recommended for non-radicular symptoms. More importantly, the patient has a fusion at L4-5 and facet evaluations are not recommended over fused level. Therefore, the request for appeal medial branch block injection to l4-l5 is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

APPEAL MEDIAL BRANCH BLOCK INJECTION TO L4-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): 300-301. Decision based on Non-MTUS Citation ODG guidelines on Lumbar Facet joint signs & symptoms.

Decision rationale: The MTUS/ACOEM Guidelines do not support facet injections for treatment, but does discuss dorsal medial branch block as well as radiofrequency ablations. The Official Disability Guidelines (ODG) also support facet diagnostic evaluation for patients presenting with paravertebral tenderness with non-radicular symptoms. The Official Disability Guidelines (ODG) also states that facet evaluations should not take place where the level is fused. In this case, the patient presents with radicular pain. As noted in progress report 01/23/2014, the patient complains of low back pain that radiates into the left groin and anterior thigh. Facet injections are recommended for non-radicular symptoms. More importantly, the patient has a fusion at L4-5 and facet evaluations are not recommended over fused level. Therefore, the request for appeal medial branch block injection to l4-l5 is not medically necessary and appropriate.