

Case Number:	CM14-0055435		
Date Assigned:	07/07/2014	Date of Injury:	01/14/2013
Decision Date:	08/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/24/2014

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 Texas and Florida. 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 46-year-old male who was injured on 1/14/2013. The diagnoses are neck pain, headache and low back pain. On 10/10/2013, the patient complained of increased neck pain with numbness and tingling sensations of the upper extremities. The pain score was 8/10 on a 0 to 10 scale. The gait was normal. The only abnormal finding was tenderness to the lumbar sacral paravertebral muscles. The medications are Norco, Voltaren XR, or Motrin for pain, along with Prilosec for the prevention of NSAID-associated gastritis. The patient had completed ice/heat therapy, physical therapy (PT), and a home exercise program. A trigger point injection procedure had provided only 3 days of pain relief. An MRI of the lumbar spine on 1/17/2013 showed degenerative disc disease, osteophytes, L4-L5 and L5-S1 facet arthropathy and recess stenosis. On 2/7/2014, the physician noted subjective complaints of pain, scored at 3/10, and headache. The patient reported improvement of sleep quality and decreased anxiety and pain following 10 psychological therapy sessions. A utilization review (UR) determination was rendered on 4/10/2014 recommending non-certification for bilateral L4-L5 and L5-S1 medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5, L5-S1 Medial Branch Block: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Cohen (2007).

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 Pain. Facet Diagnostic Blocks. Therapeutic Blocks.

Decision rationale: The California MTUS did not address the use of facet injections for the treatment of low back pain. The ODG guidelines recommend that diagnostic and therapeutic facet injections can be beneficial for patients who have failed conservative treatment with PT, exercise and medications. The records indicate that the patient have subjective, objective and radiological findings consistent with non-radicular low back pain and lumbar facet syndrome. The patient has exhausted conservative management and psychotherapy. The criteria for bilateral L4-L5 and L5-S1 medial branch blocks were met. Therefore, the request is medically necessary and appropriate.