

Case Number:	CM14-0055513		
Date Assigned:	07/09/2014	Date of Injury:	04/14/2003
Decision Date:	09/03/2014	UR Denial Date:	04/01/2014
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 Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 47 year old male who sustained injury on 04/14/2003. No specific mechanism of injury is noted. The injured worker has been followed for complaints of low back pain radiating to the lower extremities with associated numbness. The injured worker had been provided previous epidural steroid injections which did address lower extremity symptoms. The injured worker did report steadily increasing complaints of low back pain with persistent pain radiating to the lower extremities. The injured worker also described spasms in the low back. The injured worker had been provided narcotic medications for pain relief. Trigger point injections over the sacroiliac joint were noted in October 2013. This provided temporary relief only. The injured worker had further trigger point injections completed on 11/22/13 and was recommended for additional epidural steroid injections. The clinical report from 03/21/14 noted the injured worker had repeat epidural steroid injections which again reduced his lower extremity symptoms and numbness by 95%. The injured worker had improved ambulation with the epidural steroid injections. The injured worker still reported complaints of persistent low back pain with associated spasms. On physical examination there was tenderness over the facet joints in the lower lumbar spine with axial loading reproducing low back pain. There was limited range of motion noted in the lumbar spine. The recommendation was for two level lumbar medial branch blocks at L4-5 and L5-S1. Depending on the results, the injured worker would be recommended for further radiofrequency lesioning procedures. The requested medial branch blocks at L4-5 and L5-S1 were denied by utilization review on 04/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral level 2 medical brach block at L4-5 and L5-S1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Acute & Chronic).

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 Chapter, Facet Blocks.

Decision rationale: In regards to the requested bilateral medial branch blocks at L4-5 and L5-S1, this reviewer would have recommended this request as medically necessary. Although the injured worker was originally followed for lumbar radicular complaints, these were largely resolved by epidural steroid injections. Following successful epidural steroid injections the injured worker was noted to have residual low back pain with facetogenic symptoms based on physical examination. The injured worker had failed a reasonable amount of conservative treatment prior to the request for injections. The clinical documentation did note that if there was substantial response to medial branch blocks the injured worker would be considered for further intervention to include rhizotomy. Given the injured worker's objective findings regarding facetogenic pain with the lack of any current radicular complaints, the proposed medial branch blocks at L4-5 and L5-S1 would be consistent with guideline recommendations. Therefore, the submitted request was medically necessary.