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| Case Number: | CM14-0074164 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 09/11/2008 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 05/15/2014 |
| Priority: | Standard | Application Received: | 05/22/2014 |

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, 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 injured worker is a 55 year old female with an industrial injury on 9/11/2008. The diagnoses include lumbar radiculopathy, lumbar facet arthropathy, and chronic low back pain. Conservative treatments have included activity modification, pain medications (including narcotics), epidural steroid injection (which resulted in 50% decreased pain), and topical medication. The disputed request is for medial branch blocks. A utilization review determination had non-certified this request, citing that the patient has radicular symptoms and guidelines do not recommend this block in light of radicular symptoms. An electrodiagnostic study was within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block, L3, L4, L5 & sacral ala, right side x 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Diagnostic Medial Branch/Facet Blocks.

Decision rationale: A utilization review determination had non-certified this request, citing that the patient has radicular symptoms and guidelines do not recommend this block in light of radicular symptoms. However, the patient has already undergone epidural steroid injections to attempt to address radicular symptoms. Therefore, it is quite possible that 2 concomitant disorders of lumbar radiculopathy and facet arthropathy are applicable to this worker's case. The patient has prior conservative treatment and documentation of facet hypertrophy on a lumbar MRI done on 4/15/2010. Furthermore, the request in this case is effectively blocking 2 joints. The L3 and L4 medial branches innervated the L4-5 facet joint. Blocking the L5 and sacral ala (where the dorsal rami of L5 lies), would effect block the L5-S1 facet joint. Therefore, this block is in compliance with guidelines and is recommended as medically necessary.