

Case Number:	CM14-0085834		
Date Assigned:	07/25/2014	Date of Injury:	05/02/2000
Decision Date:	09/30/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	06/09/2014

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 & Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 67 year-old individual was reportedly injured on 5/2/2000. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 4/16/2014, indicates that there are ongoing complaints of low back pain that radiates in the bilateral buttocks and right foot. The physical examination demonstrated lumbar spine: positive tenderness to palpation bilateral paraspinal muscles and lumbar facet joints. Lumbar range of motion was restricted by pain in all directions. Lumbar discogenic provocative maneuvers were all positive bilaterally. Sacroiliac provocative maneuvers were negative bilaterally. Muscle strength 5/5 in all limbs; sensory exam within normal limits. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medications; a request had been made for lumbar medial branch block at L4, L5, and S1 and was not certified in the pre-authorization process on 5/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 4-5, Lumbar 5-Sacral 1 fluoroscopic guided bilateral facet joint medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back, Medial branch block criteria.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Low Back Disorders; Clinical Measures - Diagnostic Investigations (electronically sited).

Decision rationale: Treatment guidelines support lumbar medial branch blocks to aid in determining whether or not the claimant is a candidate for rhizotomy. The guideline criteria for support of this diagnostic intervention includes non-radicular pain (where no more than 2 levels are being injected bilaterally), and when objective evidence of pain is noted that is significantly exacerbated by extension and rotation or associated with lumbar rigidity, and when there has been suboptimal response to other conservative treatment modalities. After review the medical records provided the injured worker does have low back pain that radiates into the lower extremities, but there were no objective clinical findings of neurological deficits on physical exam. There is also lacking documentation as far as failure of conservative treatment. Therefore this request is deemed not medically necessary at this time.