

Case Number:	CM14-0090157		
Date Assigned:	07/23/2014	Date of Injury:	02/16/2004
Decision Date:	08/29/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/12/2014

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 & Rehab, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 2/16/04. A utilization review determination dated 5/22/14 recommends non-certification of bilateral L4-S1 median branch nerve block. 5/6/14 medical report identifies low back pain radiating down the BLE. On exam, there was tenderness and limited ROM. Pain was significantly increased with bending, flexion, and extension. "Facet signs" were present bilaterally. Diagnoses include chronic pain other; lumbar facet arthropathy; lumbar radiculopathy; medication related dyspepsia. Treatment plan included median branch nerve block at the lumbar level bilateral L4-S1. There had been limited response to medications, home exercise, and stretching. 1/14/14 medical report identified decreased sensation L5 dermatome LLE and positive SLR on the left for radicular pain at 70 degrees. 6/3/14 medical report identifies lumbar tenderness of the bilateral lumbar paravertebral area, limited ROM, pain significantly increased with flexion and extension, and "facet signs" present. It noted a request to appeal non-certification of "epidural steroid injection" and then later noted a request for authorization of bilateral L4-S1 median branch nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar 4-Sacral 1 Median Branch Nerve Block: 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 Chronic Pain Treatment Guidelines Low Back also 9792.20 Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, absence of radicular findings, and a normal straight leg raise. Within the documentation available for review, there is radiating pain down the lower extremities, abnormal sensation noted in the left L5 dermatome, and a positive straight leg raise. In light of the above issues, the currently requested lumbar medial branch blocks are not medically necessary.