

Case Number:	CM14-0090805		
Date Assigned:	07/23/2014	Date of Injury:	07/12/2013
Decision Date:	08/28/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/16/2014

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 Interventional Spine 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 patient is a 60 year old with an injury date on 7/12/13. Patient complains of aching low back pain with occasional cracking sensation, pain rated 7/10, with bilateral lower extremity weakness and numbness per 5/13/14 report. Patient is taking Ibuprofen which causes stomach pain/nausea, and at night, Norco or Tramadol or Ultracet for pain per 5/13/14 report. Based on the 5/13/14 progress report provided by [REDACTED] the diagnoses are: spondylosis, spinal stenosis, and s/p posterior spinal fusion, T10-L2. Exam on 5/13/14 showed straight leg raise with axial back pain only. Lumbar range of motion decreased with flexion to 70 degrees and extension to 10 degrees with pain in left greater than right posterior thigh. The injured worker has decreased sensation in bilateral L1 through S2 dermatomes as well as decreased reflexes 1+ in right patella, 2+ in left patella, and 1+ in bilateral Achilles. 3/21/14 report includes tenderness/spasm in the lumbar paraspinous musculature at T10 through L5-S1 bilaterally. [REDACTED] is requesting bilateral lumbar MBB L2, 3, 4, 5. The utilization review determination being challenged is dated 5/22/14. [REDACTED] is the requesting provider, and he provided treatment reports from 7/24/13 to 5/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar MBB L2, 3, 4, 5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back, facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guideline, low back, online for diagnostic facet blocks: (http://www.odg-twc.com/odgtwc/low_back.htm#Facetinjections).

Decision rationale: This patient presents with lower back pain and bilateral leg weakness/numbness. The treater has asked for bilateral lumbar MBB L2, 3, 4, 5 on 5/13/14. Review of the report shows no history of prior medial branch blocks. Regarding facet diagnostic injections, ODG guidelines require non-radicular back pain, a failure of conservative treatment, with no more than 2 levels bilaterally. In this case, the treater fails to document facet tenderness on examination. Furthermore, the request is for 4 level DMB, or 3 level facet joints and ODG guidelines allow up to 2 level facet joint evaluation if it is to be performed. Therefore, the request is not medically necessary.