

Case Number:	CM14-0096494		
Date Assigned:	07/28/2014	Date of Injury:	10/13/2001
Decision Date:	08/28/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/24/2014

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, 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 31 year old female with an injury date on 10/13/2001. Based on the 06/03/2014 progress report provided by [REDACTED], the diagnoses are: 1. Chronic pain syndrome. 2. Encounter for therapeutic drug monitoring. 3. Encounter for long term use of other medications. 4. Lumbago. 5. Thoracic / lumbar neuritis or radiculitis. 6. Insomnia. 7. Fusion. According to this report, the patient complains of low back pain. The patient rates the pain as a 7/10 that is constant and can be severe at times. The patient also notes occasional right lower extremity numbness, tingling and pain extending to the foot. Occasional weakness in the right lower extremity was also noted. Tenderness to palpation was noted over the lumbar-sacral spine, right paraspinal muscles, and at the facets joints of L4-L5, L5-S1 bilaterally. [REDACTED] is requesting lumbar medial nerve branch block of the facet joints at L2-L3 and L3-L4 bilaterally. There were no other significant findings noted on this report. The utilization review denied the request on 06/03/2014. [REDACTED] is the requesting provider, and provided treatment reports from 01/03/2014 to 07/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Nerve Branch Block of Facet Joints@ L2-3, L3-4 Bilaterally: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG): Facet joint pain, signs & symptoms; Facet joint radiofrequency neurotomy; Facet joint medial branch blocks (therapeutic injections); & Facet joint intra-articular injections (therapeutic blocks). Also see Neck Chapter and Pain Chapter.

Decision rationale: According to the 06/03/2014 report by [REDACTED] this patient presents with low back pain. The physician is requesting lumbar medial nerve branch block of the facet joints at L2-L3 and L3-L4 bilaterally. The utilization review was denial letter. The medical records in this case are outline radicular rather than nonradicular pain. Regarding medial branch blocks, MTUS does not address it, but ODG low back chapter recommends it for low-back pain that is non-radicular and at no more than two levels bilaterally. Review of the reports show that the patient has non-radiating (non-dermatomal distribution) low back pain with facet joint tenderness upon palpation. The patient's leg symptoms are intermittent, occasional and not significant. Evaluation of the facet joints would appear to be reasonable and consistent with ODG Guidelines. Therefore, Lumbar Medial Nerve Branch Block of Facet Joints at L2-3, L3-4 Bilaterally is medically necessary.