

Case Number:	CM14-0097027		
Date Assigned:	09/16/2014	Date of Injury:	05/09/2003
Decision Date:	11/26/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/25/2014

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 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 59-year-old male who reported an injury on 05/09/2003 due to an unspecified cause of injury. The injured worker complains of lower back pain. The diagnoses included facet syndrome and Bastrop's syndrome. The diagnostics included an MRI dated 05/09/2014 that revealed stable postoperative changes of spine fusion at the L5 through the S1 with stable hardware, no acute or chronic complications, and mild degenerative spinal canal stenosis at the L2 to the L4. Objective findings dated 03/04/2014 revealed flexion of the lumbar spine at 30 degrees, very limited secondary to the muscle spasms, and pain to the lumbar spine and the medications included Percocet 10/325 mg that he takes an average of 2 to 3 times a day secondary to his 2 prior narcotic medications being abruptly discontinued. No prior treatments available, no past surgeries available for review. The treatment plan included a medial branch block. The Request for Authorization dated 06/12/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page: 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: The California MTUS/ACOEM Guidelines state diagnostic and/or therapeutic injections may have benefited an injured worker presenting in the transitional phase between acute and chronic pain. The ODG further state that criteria for use of diagnostic blocks is limited to injured workers with pain that is non-radicular, no more than 2 joint levels are injected in 1 session, and failure of conservative treatment to include home exercise, PT, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The clinician's note that was dated 03/04/2014 indicated that the injured worker had been taking 2 pain medications that he had been taking for 11 years or so. However, they were abruptly discontinued with a prior doctor no longer accepted Workers' Comp patients or injured workers. Therefore, he had an increase in back pain. However, the injured worker started taking the Percocet with no documentation of the efficiency. The documentation did not provide any objective findings that the conservative treatment included a home exercise, PT, and non-steroid anti-inflammatories had failed. Additionally, the request does not indicate the joint levels for injection. As such, the request for Medial Branch Block is not medically necessary and appropriate.