

Case Number:	CM14-0097419		
Date Assigned:	07/28/2014	Date of Injury:	06/13/2012
Decision Date:	09/09/2014	UR Denial Date:	06/16/2014
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 & Washington. 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 35-year-old female who reported an injury 06/13/2012. The injury reportedly occurred when she was lifting a pack of soda across a check stand and she started having pain over the low back area as well as in the right side of the neck, right shoulder, and right upper extremities. Diagnoses included lower back pain with radiculopathy, spinal stenosis with herniated disc, and degenerative arthritis of the lumbar spine. Past treatments include medications, acupuncture treatment and chiropractic treatment in 2012, exercising at home and injections. Diagnostic studies include x-ray of the lumbar spine, MRI of the lumbar spine. Past treatments include chiropractic care, modified work duty. On 06/13/2014, the injured worker had pain in the low back as well as in the neck, right shoulder and right upper extremities. The injured worker had received an epidural steroid injection sometime in 04/2013. She stated she had received some type of injection to block the nerve in 09/2013. At this time she does not complain of radicular symptoms of the right upper extremity. On examination of the neck, range of motion of the cervical spine is within normal limits. There was tenderness noted over the right side in the cervical/dorsal area. Examination of the right shoulder revealed mild tenderness noted over the acromioclavicular joint area. The lumbar spine was very stiff. The range of motion of the lumbar spine was markedly restricted in all directions believed because of exacerbation of the symptoms. Diffuse tenderness was noted over the lumbosacral spine and the paraspinal lumbar muscle area, tenderness was present over both the sciatic notch area. There was a decreased sensation to pinprick or wheel over the right intralateral thigh and calf area. Medications included Cymbalta 30 mg once a day and baclofen 10 mg 3 times a day. The request is for bilateral medial branch nerve block at L4-5, L5-S1. The rationale was not provided. The request for authorization was not submitted within the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Nerve Block at L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Spine, Facet Joint Diagnostic blocks(injections).

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

Decision rationale: The injured worker has a history of back, shoulder and neck pain. The CA MTUS/ACOEM guidelines state lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The injured worker has received 2 medial branch blocks. There was a lack of documentation as to the results of at least 70% pain relief from the previous injections that last for up to 2 hours. There is lack of functional improvement documented. Therapeutic medial branch blocks are not recommended by the guidelines. Therefore, the request for bilateral medial branch nerve block at L4-L5, L5-S1 is not medically necessary and appropriate.