

Case Number:	CM14-0204504		
Date Assigned:	12/16/2014	Date of Injury:	02/12/2013
Decision Date:	02/09/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/08/2014

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, has a subspecialty in Pain Medicine 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 February 12, 2013. A utilization review determination dated November 26, 2014 recommends noncertification for medial branch blocks L3, L4, and L5 on the left side. Noncertification was recommended due to lack of objective examination findings performed on the last clinical note. An initial consultation dated November 4, 2014 identifies subjective complaints of mid back, low back, left shoulder, and left arm pain. The note indicates that the patient's low back pain radiating to the left lower extremity and is associated with numbness and tingling in the left leg. The note indicates that the patient has undergone physical therapy directed towards his shoulder and back which was not beneficial. Physical examination findings are not listed. Diagnoses are not listed. The treatment plan recommends a lumbar medial branch blocks on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block L3, L4, L5 nerves: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints 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, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, the patient has subjective complaints of pain radiating into the lower extremity with associated numbness and tingling in the left leg. No physical examination findings have been provided to identify whether there is radiculopathy by physical examination or support for the diagnosis of lumbar facet arthropathy at the requested levels. Guidelines do not support the use of medial branch blocks in patients with radiculopathy. In the absence of clarity regarding those issues, the currently requested medial branch block L3, L4, L5 nerve is not medically necessary.