

Case Number:	CM13-0030227		
Date Assigned:	11/27/2013	Date of Injury:	03/15/2012
Decision Date:	02/10/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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 49-year-old gentleman who was injured on 03/15/13 sustaining an injury to his low back. The clinical records for review in this case indicate a recent assessment performed by the provider. Follow up clinical assessments to this procedure includes an 08/12/13 assessment indicating left sided low back pain with radiating left hip and buttock pain without other findings. The clinical notes state that the medial branch blocks "did not seem to help". Physical examination finding showed 5/5 motor tone, +1 equal and symmetrical strength, and negative straight leg raising. Recommendations to "repeat the blocks" were recommended with other forms of conservative care documentation not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left side medial branch block at L3-4, L4-5, and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 18th Edition, 2013 Updates: Low back procedure.

Decision rationale: Based on the Official Disability Guidelines (ODG) criteria, and the California ACOEM Guidelines, regarding specific clinical criteria for the role of medial branch blockade, this specific request would not be indicated. The CA ACOEM guidelines do not support invasive procedures such as facet injections, etc. Official Disability Guidelines (ODG) indicate that one set of diagnostic medial branch blockades are required with a greater than 70% response. The guidelines would not indicate the role of repeat blocks if a positive response was not noted, as was the case with this claimant. Based on negative response from injections that were performed on 06/22/13, the role of repeat injections would not be indicated. Furthermore, guidelines criteria would not recommend the role of any more than two levels to be injected in any given clinical setting. The three level request in this case, in an of itself, would not be indicated.