

Case Number:	CM13-0036759		
Date Assigned:	12/13/2013	Date of Injury:	06/15/2012
Decision Date:	02/18/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine and 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 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 39 year old male who reported an injury on 06/15/2012. The mechanism of injury was not provided in the medical record. Review of the medical records revealed the patient continues to complain of pain to his neck and lower back that persists and radiates to the upper extremities and lower extremities. The most recent clinical notes dated 11/05/2013 reported the patient continued to complain of pain rated 8/10 on the pain scale with radiation of pain and numbness to his left upper extremity going to his head, in addition to mid back pain is rated 8/10. The patient was taking Norco 5/325 mg 4 times a day which he said was helping decrease the pain, and Terocin patches which are also helping decrease pain, and helping him to avoid narcotic medication use. Objective findings included non-antalgic gait, tenderness to palpation to the cervical, thoracic, and lumbar paraspinals. Range of motion of the cervical spine, thoracic spine, and lumbar spine is decreased in all planes. There was also decreased sensation to the left C5, C6, and C7 dermatomes, and decreased sensation to the left L4 and L5 dermatomes. There was a negative Hoffmann's test received, and positive facet loading to the bilateral L5-S1 region. The patient is tender to palpation about the bilateral facet joints at L5-S1. There was an electrodiagnostic study review that reported an EMG dated 01/23/2013 revealed evidence of bilateral L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch blocks bilateral at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections);

Decision rationale: In reference to decision 1 for medial branch blocks bilaterally at L5-S1 it is not medically necessary. California MTUS/ACOEM states facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Per Official Disability Guidelines, criteria for use of diagnostic blocks would be limited to patients with low back pain that is non-radicular, and at no more than 2 levels bilaterally. It is noted by the EMG study dated 01/23/2013 the patient does have bilateral L5 radiculopathy; therefore, is not a candidate for medial branch blocks bilaterally at L5-S1. The request for medial branch blocks bilateral at L5-S1 is non-certified.