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| Case Number: | CM13-0039372 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 05/04/2010 |
| Decision Date: | 03/18/2014 | UR Denial Date: | 09/27/2013 |
| Priority: | Standard | Application Received: | 10/04/2013 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant sustained a work related injury from 2/2009 to 2/2010. The claimant complained of low back pain and bilateral leg pain with the left being worse. The pain causes difficulty with prolonged standing and sitting as well as repetitive bending and stooping. The claimant also complained of neck pain, however the lower back pain is worse. She reported that the current use of Norco 10/325mg #60 1 tab bid is controlling symptoms. The physical exam is significant for tenderness to palpation of the paracervical muscles, decreased range of motion with flexion, extension and lateral bending, tenderness to palpation of the paravertebral muscles, specifically over the L4-5, decreased range of motion with anterior flexion of the trunk, positive straight leg raise, positive Lasegue's test, decreased sensation over the foot with monofilament fiber, slight decrease in dorsiflexion, specifically over the left lower extremities, and tenderness over the left shoulder. The claimant was diagnosed with impingement syndrome of the left shoulder, bursitis and tendonitis, musculoligamentous sprain/strain of the lumbar spine, discogenic disease, 3 mm. disc at L4-5 and L5-S1 levels, radiculopathy lower extremities, musculoligamentous sprain/strain of the cervical spine with spondylosis, cervical spine discogenic disease, cervical spine, 2 to 3 mm disc at C5-6 and C6-7 level with anterior osteophyte formation, 2 mm disc at L4-5 level, status-post epidural injections, anxiety and neurosis, multiple myalgia and fibromyalgia. A claim was made for bilateral L4-S1 median nerve block - lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 median branch nerve lock- lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Complaints, Treatment Consideration.

Decision rationale: Bilateral L4-S1 median branch nerve block - Lumbar spine is not medically necessary. The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require that the clinical presentation be consistent with facet pain. Treatment is also limited to patients with low back pain that is non-radicular and had no more than 2 levels bilaterally and documentation of failed conservative therapy including home exercise physical therapy and NSAID is required prior to the diagnostic facet block. Conservative treatment prior to the procedure should last at least 4-6 weeks; the physical exam is not consistent with non-radicular pain as the claimant did exhibit a positive straight leg raise leading to a diagnosed of bilateral radiculopathy. Additionally the claim is for more than two levels: therefore the requested service is not medically necessary.