

Case Number:	CM14-0121503		
Date Assigned:	09/16/2014	Date of Injury:	08/31/2007
Decision Date:	10/23/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/01/2014

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 and 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:

The records presented for review indicate that this 53 year-old female was reportedly injured on 8/31/2007. The claimant has previous undergone an ACDF C3-7 in July 2013, and a PILF at L4-S1 in January 2013. The most recent progress notes dated 7/25/2014 and 8/1/2014 indicate that there are ongoing complaints of neck, upper extremity, low back and lower extremity pain. Physical examination was positive for lumbar spine tenderness with paraspinous muscle spasms and bilateral facet loading signs; decreased lumbar range of motion; bilateral knee tenderness without edema or erythema; unsteady gait with right limp and a walker. CT scan of the lumbar spine dated 1/13/2014 demonstrated evidence of posterior spinal fusion hardware at L4-S1; disk prosthesis at L5-S1 level appears slightly anterior displaced, although still within the disk space proper; no evidence of hardware fracture; small disk bulges and mild degenerative disk disease from L1-L2 through L3-L4. Previous treatment includes lumbar spine fusion, physical therapy, home exercises and medications. A request had been made for right medial branch block L2, L3, L4, and L5, which was not certified in the utilization review on 7/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right medial branch block L2, L3, L4, and L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 187. Decision based on Non-MTUS Citation ACOEM, Chapter 8, pages 174-175 Official Disability Guidelines, Facet block

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar & Thoracic (Acute & Chronic) - Facet Joint Intra-articular Injections. (Updated 08/22/14).

Decision rationale: ACOEM California guidelines do not support facet joint injections for the treatment of acute, sub-acute or chronic low back pain. The Official Disability Guidelines recommend against medial branch blocks after a previous lumbar fusion. Review of the available medical records indicates the patient has chronic low back pain after a fusion from L4-S1 in 2013. As such, this request is not considered medically necessary.