

Case Number:	CM14-0126819		
Date Assigned:	09/16/2014	Date of Injury:	03/24/2003
Decision Date:	10/21/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/11/2014

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 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 underlying date of injury in this case is 03/24/2003. The date of utilization review under appeal is 08/08/2014. The patient's diagnosis is a lumbar post-laminectomy syndrome. On 06/11/2014, the treating physician saw the patient in follow-up. The patient had good function from a stimulator. The patient noted that H-wave decreased his pain significantly. The patient had increased low back pain rated as 8-9/10 with extension of the spine. On exam the patient had trigger points at L4 and L5 and had spasms with flexion/extension. Sensation was decreased in the posterior thigh at L5, and the patient walked with an antalgic gait with a cane in the right hand. The patient was noted to have post-laminectomy syndrome with a history of 3 surgeries and with a lumbar facet syndrome above the patient's prior fusion at L3-L4. The treatment request included a request for bilateral L3-L4 medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic bilateral L3-4 medial branch nerve injection under fluoroscopic guidance x1:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint diagnostic blocks

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.

Decision rationale: The Official Disability Guidelines/Treatment in Workers Compensation/Low back discusses facet joint diagnostic blocks, noting the clinical presentation should be consistent with facet joint pain signs and symptoms and that this should be limited to patients with low back pain that is non-radicular and at no more than 2 levels. The medical records in this case do outline radicular symptoms including a sensory deficit in the lower extremity. Overall, the records describe multifocal spinal pain and do not clearly describe symptoms or exam findings which are localized to probable facet pain at a particular level. Therefore, the requested medial branch block is not supported by the treatment guidelines. This request is not medically necessary.