

Case Number:	CM14-0127886		
Date Assigned:	09/23/2014	Date of Injury:	09/26/2008
Decision Date:	10/22/2014	UR Denial Date:	06/30/2014
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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 62 year old male with a 9/26/2008 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/11/14 noted subjective complaints of neck pain radiating to bilateral upper extremities as well as back pain radiating into lower extremities. Objective findings included lumbar spasm, tenderness to palpation, and decreased ROM (range of motion). There was decreased strength of extensor muscles along the L4-S1 dermatomes bilaterally. Diagnostic Impression: lumbar disc degeneration, lumbar facet arthropathy, and lumbar spinal stenosis. Treatment to Date: medication management, physical therapy, and acupuncture. A UR decision dated 6/30/14 denied the request for bilateral L2-4 medial branch nerve block. Documentation suggests the patient is being treated for spinal stenosis/radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2-4 Median Branch Nerve Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 chapter - medial branch blocks

Decision rationale: CA MTUS does not specifically address medial branch blocks. ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. However, exam findings are suggestive of radicular low back pain. Also, there is no clear documentation of failure of conservative management. Therefore, the request for bilateral L2-4 medial branch nerve blocks was not medically necessary.