

Case Number:	CM14-0129429		
Date Assigned:	09/08/2014	Date of Injury:	07/24/2006
Decision Date:	10/14/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/14/2014

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 Nevada. 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 the injured worker is a 58-year-old gentleman who was reportedly injured on July 24, 2006. The most recent progress note, dated August 27, 2014, indicated that there were ongoing complaints of low back pain and bilateral lower extremity pain. The injured employee's pain level was stated to be 6/10 without medication and 2/10 with medication. The physical examination demonstrated decreased lumbar spine range of motion. There were tight myofascial bands along the lumbar and thoracic paraspinal muscles. Diagnostic imaging studies of the lumbar spine revealed an anterolisthesis of L5 on S1 and a disc herniation at L4-L5 and L5-S1. Previous treatment included trigger point injections and oral medications. A request had been made for bilateral facet joint medial nerve blocks from L3 through S1 and was not certified in the pre-authorization process on July 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-S1 Facet Joint Medial Branch Nerve Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES SECTION 722.1 SUBSECTION UNDER FACET/MEDIAL BRANCH BLOCK.

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

Decision rationale: The ACOEM Treatment Guidelines support lumbar medial branch blocks when there is nonradicular pain (where no more than 2 levels are being injected bilaterally) and when objective evidence of pain is noted that is significantly exacerbated by extension and rotation or associated with lumbar rigidity, and when there has been suboptimal response to other conservative treatment modalities. As this request is for injections to be performed at three levels bilaterally, the request for bilateral facet medial nerve blocks from L3 to S1 is not medically necessary and appropriate.