

Case Number:	CM14-0130834		
Date Assigned:	08/20/2014	Date of Injury:	09/24/2009
Decision Date:	10/10/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	08/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and 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 injured worker is a 69 year old male who sustained an injury to his low back on 09/24/09. The mechanism of injury was not documented. The clinical note dated 07/07/14 reported that the injured worker continued to complain of low back pain. Physical examination noted decreased thoracic mobility; posterior thoracic tenderness; lumbar spine tenderness; moderate pain with lumbar range of motion; left knee tenderness with mild pain during motion; antalgic gait; sensory normal; motor strength normal; normal findings in the bilateral lower extremities. Records indicate that the injured worker underwent lumbar epidural steroid injection in March of 2013 that provided 50% relief. However, in May of 2013, the injured worker underwent L4 through sacrum decompression surgery. This increased his pain to 8/10 VAS from 6/10 VAS. The injured worker eventually reported an overall improvement in the quality of life with medications. Treatment to date has also consisted of surgical intervention, injections and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar 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, Low Back - Lumbar & Thoracic (Acute & Chronic)

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, Facet joint diagnostic blocks (injections)

Decision rationale: Furthermore, the injured worker was diagnosed with lumbosacral radiculopathy. Evidence based guidelines indicate that these blocks are only for injured workers with low back pain that is non-radicular in nature. In addition, there is no indication that the injured worker has undergone a diagnostic medial branch block with Lidocaine. The Official Disability Guidelines states that one set of diagnostic medial branch blocks is required with a response greater than or equal to 70%. The pain response should last at least 2 hours for Lidocaine. The level/laterality was not specified in the request. The Official Disability Guidelines also states that medial branch blocks should be limited to injured workers with low back pain that is nonradicular and at no more than 2 levels bilaterally. Given this, the request for one lumbar medial branch nerve block is not indicated as medically necessary.