

Case Number:	CM14-0137812		
Date Assigned:	09/05/2014	Date of Injury:	12/28/2010
Decision Date:	10/10/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/26/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 67-year-old male who reported an injury on 12/20/2010. The mechanism of injury was not provided. On 06/11/2014, the injured worker presented with low back pain and right lower extremity symptoms. The diagnoses were severe right neural foraminal narrowing at the L3-4, multilevel disc herniations at the cervical spine with stenosis, cervical radiculopathy, and lumbar radiculopathy. Diagnostic studies were not provided. Upon examination, there was tenderness to palpation to the right side of the lumbar spine and slightly midline. There was decreased range of motion. There was intact sensation to the upper and lower extremities bilaterally. There was 0/5 strength to the right tibialis anterior, EHL, inversion, eversion, and plantar flexors. There was 4/5 strength in the quadriceps and hamstrings to the right. There was a positive right sided straight leg raise. The note reported that the injured worker had a two day relief of pain from the previous steroid injection. Prior therapy included chiropractic care, epidural steroid injection, and medications. The provider recommended a medial branch block to the right L2-3, L3-4, L4-5, and L5-S1. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch blocks right L2-L3;L3-L4;L4-L5;L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Low Back/Facet Joint Diagnostic Blocks (Injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Block.

Decision rationale: The request for Medial Branch blocks right L2-L3;L3-L4;L4-L5;L5-S1 is not medically necessary. The California MTUS/ACOEM Guidelines state that diagnostic and/or therapeutic injections may have benefit in injured workers presenting into the transitional phase between acute and chronic pain. The Official Disability Guidelines further state that the criteria for use of a diagnostic block is limited to injured workers with pain that is nonradicular, no more than 2 joint levels injected in 1 session, failure of conservative treatment (to include home exercise, physical therapy, and medications) prior to the procedure for at least 4 to 6 weeks. The provider noted tenderness to palpation to the right lumbar spine and slightly midline with decreased range of motion. The documentation also notated a right sided straight leg raise. Radicular symptoms are an exclusionary criteria to the guideline recommendations. Additionally, the documentation failed to show the injured worker had failed initially recommended conservative treatment to include physical therapy. The provider's request for Medial Branch blocks right L2-L3;L3-L4;L4-L5;L5-S1 exceeds the guideline recommendations of no more than 2 facet joint levels to be injected in 1 session. As such, medical necessity has not been established.