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| Case Number: | CM14-0160113 | | |
| Date Assigned: | 10/03/2014 | Date of Injury: | 10/05/2009 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 09/09/2014 |
| Priority: | Standard | Application Received: | 09/30/2014 |

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 Orthopedic Surgery and is licensed to practice in Arizona. 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 35-year-old female who sustained an injury on 10/5/2009. A progress note dated 8/21/2014 states the patient is complaining of pain in the lower back radiating to the left foot. The pain interferes with daily activity. The patient does not exercise on a regular basis. An examination reveals lumbar spine tenderness with paraspinous muscle spasm and bilateral facet loading signs. The range of motion of the lumbar spine is decreased secondary to pain. There is tenderness in the left lower extremity and a positive left seated straight leg raise. Another progress note states the patient apparently received medial branch blocks on the left in August 2013 and she received 60% relief of pain which lasted approximately one month. The request is made for a right lumbar medial branch block at L2, L3, L4, and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right medial branch blocks at L2, L3, L4 and L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Joint Diagnostic Blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

Decision rationale: The ACOEM guidelines state that facet injections are of questionable merit these injections offer no significant long-term functional benefit, nor do they reduce the need for surgery. The ODG criteria state the patient should have low back pain which is non-radicular. This patient's pain on the left goes down to his left foot and he has a positive straight leg raise although it is not documented whether this causes back or leg pain. The patient should have low back pain at not more than 2 levels bilaterally. This patient apparently has pain coming from 4 levels since the request is for 4 level injections. No more than 2 facet joint levels are injected at one session. A request is made for 4 levels on the right side. Therefore for the above reasons, the medical necessity for medial branch blocks on the right at L2, L3, L4, and L5 have not been established.