

Case Number:	CM14-0021835		
Date Assigned:	05/09/2014	Date of Injury:	03/14/2012
Decision Date:	09/16/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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, has a subspecialty in Pain Medicine 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:

The patient is a 26 year old male who sustained an industrial injury on 3/14/2012. The primary treating physician's PR-2 dated 11/11/2013 documents the patient presented with complaint of pain located in the low back, rated 9/10, which radiates down to his right leg to the heel of the right foot. He is waiting for approval for a lumbar epidural steroid injection. He is doubling up on medication to relieve pain. Objectively, examination reveals 130/90 BP, weight 306 lbs., normal gait, tenderness in the right SI joint, and limited ROM. Diagnosis is lumbar slipped disc. A Toradol intramuscular injection was administered to reduce flare-ups. Medications of Terocin topical, Norco 7.5/325 mg #90, Motrin 800 #90, and Soma 350mg #90 were refilled. The patient returned for routine follow-up on 1/24/2014, he continues to complain of 9/10 low back pain radiating to his right leg and knee. Objectively, examination documents his weight as 301 lbs., normal gait, tenderness of the right SI joint, and limited ROM. Treatment plan is continued Soma and Motrin. He was given injections using Depo-Medrol and Marcaine for flare-ups. He is awaiting authorization for lumbar epidural steroid injection and lumbar medial branch block. According to the 2/17/2014 PR-2, the patient complains of low back pain radiating to the bilateral buttocks, rated 10/10. Examination documents normal gait, tenderness in lumbar area, he has flare-up of low back pain. He was given injections with Depo-Medrol and Marcaine for flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block Bilateral L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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, Facet Injections; Facet joint pain, signs & symptoms.

Decision rationale: The California MTUS/ACOEM guidelines state, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and Lidocaine) are of questionable merit." The request for lumbar MBB at L3-S1 levels bilaterally is not recommended or supported by the guidelines. Official Disability Guidelines state consideration for lumbar facet joint medial branch blocks require relevant criteria be met, such as the injections must be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. According to medical records, the patient continues complaints of low back pain that radiates down the right lower extremity. In addition, there are no documented signs or symptoms consistent with facetogenic pain. The medical records do not establish the patient is a candidate for lumbar medial branch blocks, the request is not medically necessary.