

Case Number:	CM14-0090796		
Date Assigned:	07/23/2014	Date of Injury:	06/20/2013
Decision Date:	09/22/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/16/2014

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 Interventional Spine 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 59-year-old female with a date of injury of 06/20/2013. The listed diagnoses per [REDACTED] are: 1. Back pain. 2. Lumbar disk disorder without myelopathy. 3. Lumbar radiculopathy. According to progress report 05/12/2014, the patient presents with low back pain that radiates down to the left hip and described as pins and needles. Treating physician states the patient had an ESI with [REDACTED], which lasted one week. She also had 8 physical therapy sessions, which provided no improvement. Examination of the lumbar spine revealed severe tenderness at the left lower back and buttock. Range of motion is moderately decreased. Straight leg raise in a sitting position is positive on the left. Treating physician states given the patient's continued low back and leg pain, he would like to recommend a medial nerve branch block for the left L4-L5 and L5-S1. Utilization review denied the request on 05/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Nerve Block left L4-L5 and L5- S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG guidelines on Lumbar Facet joint signs & symptoms.

Decision rationale: This patient presents with low back pain that radiates to the hip with pins-and-needle sensation. The treating physician is requesting a medial branch nerve block to the left L4-L5 and L5-S1. ACOEM Guidelines do not discuss facet injections for treatment, but do discuss dorsal medial branch block as well as radiofrequency ablation on pages 300 and 301. ODG Guidelines also support facet diagnostic evaluations for patient presenting with paravertebral tenderness with non-radicular symptoms. In this case, this patient presents with radicular symptoms with positive straight leg raise and a diagnosis of lumbar radiculopathy. Medial branch blocks are not recommended for the patients presenting with radicular symptoms. Request is not medically necessary.