MAXIMUS Federal Services

Case Number:	CM14-0140338		
Date Assigned:	09/10/2014	Date of Injury:	07/27/2012
Decision Date:	10/20/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/29/2014

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 New York and Texas. 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 55 year old female who sustained an injury to her low back on 07/27/12. Mechanism of injury was not documented. MRI of lumbosacral spine dated 05/03/14 reportedly revealed extensive degenerative changes with secondary spondylosis at L3-4, L4-5, and L5-S1; however, there was no focal disc bulging and no focal stenosis. Clinical note dated 07/01/14 reported that the injured worker was status post right-sided sacroiliac joint injection on 05/16/14 with 40-50% noted improvement. She also reported that her knee/hip pain subsided greatly. The injured worker completed physical therapy (last visit previous Friday) with much benefit. However, the injured worker now complained of left low back pain with slight pain to left side at 5/10 visual analog scale. The injured worker still utilized Fentanyl patches and took Flexeril on occasion. No new changes in the medical file. Physical examination noted palpation to lumbar facet revealed left-sided pain at L2 through L5; extension of lumbar spine limited at 20 degrees; pain with extension; left lateral flexion in lumbar spine 20 degrees with pain; Faber's negative bilaterally; straight leg raise positive right at 90 degrees, and left 90 degrees; muscle strength 5/5 in bilateral upper extremities/lower extremities with normal tone; normal sensation in head on right deep tendon reflexes 2+ throughout bilateral upper/lower extremities. The injured worker was recommended for medial branch nerve blocks targeting left L2-3, L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Medial Branch Nerve Block L2-L4 and L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: Subsequently, it appears that the request was modified to request two levels be performed on one day and two other levels the next day. However, the patient should be evaluated prior to performing lots of other levels, as the response may very well obviate the need for additional investigation regarding the facet joints and that could not be predicted prior to the first procedure. As such, given that the injured worker already has blocks at two levels; the request was not deemed medically appropriate. The Official Disability Guidelines state that medial branch blocks should be limited injured workers with low back pain that is non-radicular and at no more than two levels bilaterally. Given this, the request for Left Medial Branch Blocks at L2-4 and L4-S1 is not medically necessary.