

Case Number:	CM14-0148407		
Date Assigned:	09/18/2014	Date of Injury:	05/18/2010
Decision Date:	10/21/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/12/2014

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, 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 injured worker is a 40-year-old male who reported an injury on 05/18/2010, secondary to repetitive activity. Current diagnoses include lumbar facet syndrome, cervical strain, low back pain, wrist pain, cervical spondylosis and sleep disturbance. Previous conservative treatment includes medication management, H-wave stimulation, chiropractic treatment, massage therapy, ice/heat therapy, physical therapy, epidural steroid injection and SI joint injection. The current medication regimen includes lidocaine gel, Percocet, Cymbalta, Zanaflex and Rozerem. The injured worker was evaluated on 08/20/2014, with complaints of persistent lower back pain and bilateral wrist pain. The injured worker was status post SI joint injection on 08/15/2014 without any relief of symptoms. Physical examination revealed restricted lumbar range of motion, paravertebral muscle tenderness, positive facet loading maneuver on the left, negative straight leg raising, diminished strength in the right lower extremity and decreased sensation over the right upper extremity. Treatment recommendations at that time included a medial branch block at L3, L4, L5 and S1. A Request for Authorization form was then submitted on 08/27/2014, for a medial branch block at L3-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block at left S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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 Chapter, Facet Joint Diagnostic Block

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques, such as facet joint injections are of questionable merit. The Official Disability Guidelines state that the clinical presentation should be consistent with facet joint pain, signs and symptoms. There should be documentation of a failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. The provider is requesting a lumbar medial branch block at L3-S1. The injured worker has been issued authorization for a lumbar medial branch block on the left at L3, L4 and L5. The injured worker reports pain in the lower facet joint area. The medical necessity for an S1 medial branch block has not been established. The Official Disability Guidelines further state no more than 2 facet joint levels should be injected in 1 session. Blocking L4-5 and L5-S1 would only require a block at L3, L4 and L5. Based on the clinical information received and the above mentioned guidelines, the current request is not medically appropriate at this time.