

Case Number:	CM14-0125638		
Date Assigned:	08/11/2014	Date of Injury:	09/27/2004
Decision Date:	07/01/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on September 27, 2004. The injured worker was diagnosed as having lumbar disc herniation and facet arthropathy. Treatment to date has included magnetic resonance imaging (MRI), medication. A progress note dated July 7, 2014 provides the injured worker complains of back pain radiating to buttock and left leg with numbness and tingling. Physical exam notes decreased lumbar range of motion (ROM). Magnetic resonance imaging (MRI) was reviewed noting multiple disc bulges, facet arthropathy and stenosis. The plan includes medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Medial Branch Block at L3, L4 and L5 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back- Lumbar & Thoracic (Acute & Chronic) Facet joint intra-articular injections (therapeutic blocks).

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-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in September 2004 and continues to be treated for radiating back pain. When seen, symptoms included pain radiating to the left buttock and left lower extremity numbness and tingling. There was decreased lumbar spine range of motion with positive left-sided facet loading. The claimant had lumbar paraspinal muscle tenderness and spasm. There was decreased left lower extremity sensation. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has radicular symptoms affecting the left lower extremity with decreased left lower extremity sensation. Therefore, the requested medial branch blocks are not medically necessary.