

Case Number:	CM14-0195488		
Date Assigned:	12/03/2014	Date of Injury:	11/04/2012
Decision Date:	01/15/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/21/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 44 year old female who sustained an industrial injury on 11/04/2012. The mechanism of injury was not provided for review. Her diagnoses include lumbago, lumbosacral neuritis, lumbar disc degeneration, and chronic pain. She continues to complain of low back pain. On physical exam there are palpable trigger points in the left paraspinal musculature and the left iliac crest. There is decreased range of lumbar motion with palpable muscle spasm. Treatment has included medical therapy, physical therapy, epidural steroid injections and a facet joint rhizotomy at L4-L5. The treating provider has requested a facet joint medial branch block injection to the low back and follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet joint medial branch block injection to the low back and follow up visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: Per the reviewed guidelines, medial branch blocks are now supported over ordinary inter-articular facet blocks. The recommendation is no more than one set of medial

branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and this be a medial branch block. In this case, the claimant already had ablation; repeat ablation is generally the next step. In addition, the levels for the proposed injections are not notes. Medical necessity for the requested item is not established. The requested item including the requested follow-up visit is not medically necessary.