MAXIMUS Federal Services

Case Number:	CM14-0205311		
Date Assigned:	12/17/2014	Date of Injury:	02/28/2013
Decision Date:	02/06/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, has a subspecialty in Pain Medicine 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 65-year-old female who reported an injury on 02/28/2013. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of myofascial pain syndrome of the lumbar spine, lumbar radiculopathy, and lumbar sprain. Physical medical treatment consists of acupuncture, chiropractic therapy, physical therapy, and medication therapy. Medications consist of Omeprazole, Flexeril, Neurontin, Voltaren, and Menthoderm gel. No diagnostics were submitted for review. On 10/24/2014, the injured worker complained of low back pain. The injured worker stated that the pain was especially with bending and twisting. Physical examination revealed positive bilateral lumbar facet maneuver, positive right McMurray's, positive Spurling's on the right. There was spasm noted as well at the lumbar paraspinal muscles. Range of motion of the back was 10% in all planes. Medical treatment plan is for the injured worker to undergo medial branch block and undergo an ortho consult. A rationale was not submitted for review. The Request for Authorization form was submitted on 10/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, L5, S1Medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint medial branch blocks (therapeutic injections).

Decision rationale: The request for Bilateral L3, L4, L5, S1 Medial Branch Block is not medically necessary. The Official Disability Guidelines do not recommend facet joint medial branch blocks except as a diagnostic tool. Studies show that there was no significant difference in opioid intake or employment status with the use of medial branch blocks for medical treatment. Guidelines go on to state that there was moderate evidence for the use of lumbar medial branch blocks for the treatment of chronic spinal pain. It was documented on 10/24/2014 that the patient had lumbar spine pain. It was also noted that the patient had undergone conservative treatment to include physical therapy and medication therapy. However, there was no indication in the submitted report that the patient was going to be undergoing medial branch blocks as a diagnostic tool. There was no indication of the medial branch blocks being part of a future plan of care. Given the above, the injured worker is not within guideline criteria. As such, the request is not medically necessary.