MAXIMUS Federal Services

Case Number:	CM15-0000836		
Date Assigned:	01/12/2015	Date of Injury:	06/10/2014
Decision Date:	03/10/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/05/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 31 year old male, who sustained an industrial injury on 6/10/2014. The current diagnoses are lumbar sprain/strain and lumbar facet arthropathy. Currently, the injured worker complains of constant low back pain which radiate up to the upper back and is associated with muscle spasms. The pain is rated 8/10 on a subjective pain scale. The pain is described as sharp, tingling, and numbness. Current medications are Motrin. Treatment to date has included medications and chiropractic. The treating physician is requesting bilateral lumbar medial branch block L3-L5, which is now under review. He sustained the injury when he was picking up a box of 40 pound. Per the Doctor's note dated 10/24/14 patient had complaints of low back pain at 8/10 with numbness and tingling. Physical examination revealed normal heel toe walk, limited range of motion, tenderness on palpation and muscle spasm, negative SLR and Faber test and positive facet stress test and normal sensory and motor examination. Patient has received an unspecified number of chiropractic visits for this injury. The patient has had X-ray of the low back with normal findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 835-837. Decision based on Non-MTUS Citation Official Disability Guidelines-Low back chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back (updated 01/30/15) Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: Request: Bilateral lumbar medial branch blockACOEM/MTUS guideline does not specifically address this issue, hence ODG used. Per the ODG low back guidelines medial branch blocks are under study.Criteria for use of therapeutic intra-articular and medial branch blocks are as follows:1. No more than one therapeutic intra-articular block is recommended.2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion.3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive).4. No more than 2 joint levels may be blocked at any one time.5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy.The records provided did not have evidence of a formal plan of rehabilitation in addition to facet joint therapy. He had complaints of constant low back pain which radiate up to the upper back and is associated with muscle spasms and as per the cited guideline there should be no evidence of radicular pain, spinal stenosis, or previous fusion. Response to prior rehabilitation therapy including PT and pharmacotherapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for bilateral lumbar medial branch block is not fully established in this patient.