

Case Number:	CM15-0002712		
Date Assigned:	01/13/2015	Date of Injury:	08/09/1999
Decision Date:	03/11/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	01/06/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on 08/09/1999. He has reported low back, leg, neck and shoulder pain. The diagnoses have included brachial neuritis/radiculitis NOS, cervicalgia, displacement lumbar disc without myelopathy, degenerative lumbar/lumbosacral intervertebral disc, thoracic/lumbosacral nurit/radiculitis, unspecified myalgia and myositis, lumbago, cervical spondylosis without myelopathy and degenerative cervical intervertebral disc. Treatment to date has included multiple MRI's of lumbar spine and oral medication. Currently, the injured worker complains of chronic lower back and leg pain, neck pain to right side/shoulder to hand, and headache. Treatment plan included bilateral medial branch block L3-L5, recommend spine surgeon consult and get MRI results. On 12/01/2014 Utilization Review non-certified bilateral medial branch block L3-L5. The MTUS, ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral MBB L3-L5: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back chapter under Facet joint diagnostic blocks (injections) and Facet joint medial branch blocks (therapeutic injections)

Decision rationale: According to the 11/11/2014 report, this patient presents with an 8/10 "chronic lower back and L>R leg pain, neck pain to right side/shoulder to hand, and headaches." The current request is for bilateral MBB L3-L5. Regarding medial branch blocks, MTUS does not address it, but ODG low back chapter recommends it for "low-back pain that is non-radicular and at no more than two levels bilaterally." In reviewing the medical reports provided, the treating physician documents that the patient "continues to have pain with numbness/tingling to both legs at times but the axial LBP is worse, esp on standing/walking," with diagnosis of "THOR/LUMBOSACRL NURIT/RADICULIT UNS." In this case, the provided reports do not show evidence of prior MBB. The patient has radiating low back pain that travel to the bilateral lower extremities. ODG Guidelines do not support MBB with radicular pain. The request IS NOT medically necessary.