MAXIMUS Federal Services

Case Number:	CM15-0003707		
Date Assigned:	01/14/2015	Date of Injury:	07/03/1999
Decision Date:	03/24/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/08/2015

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, Arizona
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 61-year-old female who reported an injury on 07/03/1999. The mechanism of injury was not provided. Her diagnoses were noted to include disc herniation left posterior lateral L5-S1 encroaching on the central spinal canal, lumbar spine degenerative disc disease, lumbar spine spondylolisthesis, and lumbago postoperatively. Her past treatments were noted to include surgery, medication and epidural steroid injection. Her diagnostic studies were not provided. Her surgical history was noted to include secondary to L4-5 laminectomies and L4-5 discectomy and posterior interbody fusion of the L4-5 vertebrae, date performed not provided. During the assessment on 11/18/2014, the injured worker complained of low back pain and rated the pain at 8/10. The physical examination revealed a well healed scar. The lumbar range of motion maintained an active flexion of 20/60 degrees, extension to 10/25 degrees, right lateral flexion 15/25 degrees, and left lateral flexion of 15/25 degrees. There was tenderness to palpation over the entirety of the spinous process as well as the parapinous musculature. There was a positive straight leg raise test bilaterally. Her medications were noted as Norco 5/325 mg. The treatment plan and rationale was not provided. The request for authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar (lower back) medial branch block at L1 - S2 (side not specified) as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks Section

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, Facet joint diagnostic blocks (injections)

Decision rationale: The request for One lumbar (lower back) medial branch block at L1 - S2 (side not specified) as an outpatient is not medically necessary. The Official Disability Guidelines indicate the criteria for the use of diagnostic blocks for facet mediated pain include, documentation of failure of conservative treatment prior to the procedure for at least 4 to 6 weeks; no more than 2 facet joint levels are injected in 1 session; and limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. There was no documentation of at least 4 to 6 weeks failure of conservative treatment. The guidelines state that no more than 2 facet joint levels are injected in 1 session, and the request is for L1-S2. Furthermore, the request as submitted did not specify the side of the injection. Given the above, the request is not medically necessary.