

Case Number:	CM15-0004470		
Date Assigned:	01/20/2015	Date of Injury:	05/02/2014
Decision Date:	03/12/2015	UR Denial Date:	12/31/2014
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 62 year old male, who sustained an industrial injury on May 2, 2014. He has reported low back pain and left hip pain and was diagnosed with lumbar facet syndrome, muscle spasm and degenerative disc disease of the lumbar spine. Treatment to date has included radiographic imaging, diagnostic studies, lumbar surgery, epidural steroid injections (ESI), physical therapy, pain medications and lifestyle modifications. Currently, the IW complains of low back pain and left hip pain. The IW reported an industrial injury in 2014. Since the injury he has experienced low back pain and hip pain in spite of the list of failed conservative measures. On January 21, 2015, the pain was still noted as present. Pain coping skill therapy was recommended. The pain medications were renewed. A medial branch block was recommended. On December 31, 2014, Utilization Review non-certified a requested medial branch block of the left lumbar 3, 4, 5 and sacral 1 locations, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 8, 2015, the injured worker submitted an application for IMR for review of medial branch block of the left lumbar 3, 4, 5 and sacral 1 locations.

IMR ISSUES, DECISIONS AND RATIONALES

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

One medial branch block of the left L3,L4,L5 & S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Lumbar & Thoracic) (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic): Facet joint diagnostic blocks (injections)

Decision rationale: The claimant has a history of a work injury occurring more than six months ago and continues to be treated for chronic back pain. When seen by the requesting provider he had a positive straight leg raising and right lower extremity sensory loss. The claimant had undergone previous radiofrequency ablation treatment without pain relief after having undergone a reportedly successful facet block procedure. Criteria for the use of lumbar diagnostic blocks for facet mediated pain include a radiofrequency neurotomy if the block is successful. In this case, the claimant has already undergone both diagnostic blocks and a radiofrequency ablation procedure without reported benefit. Since the previous radiofrequency treatment was unsuccessful, performing additional diagnostic blocks is not medically necessary.