

Case Number:	CM15-0006321		
Date Assigned:	01/26/2015	Date of Injury:	05/06/2014
Decision Date:	03/12/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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: Arizona, 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 64 year old male, who sustained an industrial injury on May 6, 2014, from a slip and fall. He has reported low back and hip pain. The diagnoses have included lumbar facet arthropathy, left trochanteric bursa, left knee pain, and tinnitus. Treatment to date has included physical therapy, chiropractic therapy, left knee cortisone injection, and oral and topical medications. Currently, the injured worker complains of low back pain and left hip pain, with an episode of acute muscle spasm on the right flank. A Physician's progress report dated December 15, 2014, noted tenderness in the lumbar paraspinal, with a positive lumbar facet stress test. The injured worker was noted to not be in any active therapy, off work, and having received a steroid injection to the knee. On December 23, 2014, Utilization Review non-certified a bilateral medial branch block L3, L4, and L5, noting there was no clinical documentation provided that included a formal plan of rehabilitation, such as physical therapy, or failure of conservative treatment prior to the request, with the request difficult to determine how many levels are being requested. The Official Disability Guidelines (ODG) was cited. On January 12, 2015, the injured worker submitted an application for IMR for review of a bilateral medial branch block L3, L4, and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block L3, L4, L5: 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 Intra-Articular Injections Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back pain and medial branch block

Decision rationale: According to the guidelines, current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). It is recommended no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. It is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. In this case, there is a plan for an MRI but no mention of a facet neurotomy. The MBB is intended for diagnostic purposes prior to a neurotomy. Based on the information provided, the MBB is not medically necessary.