

Case Number:	CM15-0006488		
Date Assigned:	01/26/2015	Date of Injury:	12/03/2013
Decision Date:	03/23/2015	UR Denial Date:	01/06/2015
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: 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 34-year-old female who reported an injury on 12/03/2013. A prior request for medial branch blocks at the left L3, right L3, and bilateral L4-5 levels was made on 11/20/2014. The claims were denied as of 01/06/2015 due to the injured worker having diagnosis of lumbar strain with radiculopathy which is exclusionary criterion under the guidelines for medial branch blocks. The injured worker had been hit in the back by a door, and had received prior physical therapy treatments as well as chiropractic services without benefits. She also underwent home exercise programs and work restrictions. Lastly, she underwent epidural injection on 07/16/2014 which provided her with approximately 2 weeks relief. Imaging studies included an MRI of the lumbar spine, x-rays of the lumbar spine, with a more recent MRI dated 12/02/2014 identifying L4-5 disc protrusion measuring 3 mm, primarily oriented to the left. The injured worker was examined on 01/19/2015 with her examination identifying pain with flexion, lumbar tenderness on the right, a nonantalgic gait, and 5/5 strength in the bilateral lower extremities. Electrodiagnostic studies of the lower extremities indicated not EMG evidence of lower motor neuron or muscle disease as well as the nerve conduction study identifying no delay in motor conduction across the knee. The results were within normal limits. The most recent MRI dated 01/06/2015 identified no compression fracture, malalignment, or other traumatic bony injury with the only incidental note made of mild desiccation of disc material at L4-5. At no lumbar level was there evidence of posterior disc herniation, ligamentous thickening, or facet arthropathy causing neural impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block, left L3, QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Low Back

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 Chapter, Facet joint medial branch blocks (therapeutic injections).

Decision rationale: Under the Official Disability Guidelines, without having any facet mediated pain identified over the specified left L3, and without having a quantitative pain level having been identified on the most recent clinical documentation for comparative purposes, the requested medial branch block at the left L3 cannot be supported for the injured worker at this time and is non-certified.

Medial branch blocks, right L3, and bilateral L4 and L5, QTY 5.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Low Back

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 Chapter, Facet joint medial branch blocks (therapeutic injections).

Decision rationale: Under the Official Disability Guidelines, without having any facet mediated pain identified over the specified left L3, and without having a quantitative pain level having been identified on the most recent clinical documentation for comparative purposes, the requested medial branch block at the left L3 cannot be supported for the injured worker at this time and is non-certified.