

Case Number:	CM15-0008948		
Date Assigned:	01/26/2015	Date of Injury:	06/07/2012
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/15/2015

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 44-year-old male who reported an injury on 06/07/2012 due to an unspecified mechanism of injury. On 12/17/2014, he presented for a followup evaluation. He reported an increase in his low back and bilateral lower extremity pain and continued to have muscle spasms and numbness in the left lower extremity. He rated his pain at a 5/10 with medications, a 10/10 without medications and a 9/10 at the visit. Physical examination showed deep tendon reflexes were decreased in the lower extremities but equal. There was tenderness to palpation at the L4-5 paraspinals on the left made worse with dorsiflexion and lateral bending. Forward flexion was documented as 35 degrees, hyperextension to 5 degrees, and right and left lateral bend to 10 degrees. He has a positive straight leg raise, his gait was antalgic, and strength was decreased in the left lower extremity and right lower extremity. He also had decreased sensation in the left L4, right L5, and right S1. He was diagnosed with displacement of a lumbar disc without myelopathy, lumbar radiculopathy, and degenerative lumbar or lumbosacral intervertebral discs. The treatment plan was for a medial branch block at L3-4 dorsal ramus, L5 on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block L3-L4 Dorsal Ramus L5 on Left: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1)Hegmann, K. Occupational Medicine Practice Guidelines. 2nd Ed (2008 Revision)-pp.835-372) Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines- 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 Official Disability Guidelines (ODG) Low Back, Facet Joint Injections

Decision rationale: The Official Disability Guidelines indicate that medial branch blocks should only be performed if there is anticipation that a radial frequency ablation/neurotomy will be performed if there is a satisfactory response. Also, there should be no evidence of radicular pain by examination or imaging studies or electrodiagnostic studies and symptoms should be consistent with facet joint pain signs and symptoms. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there is a lack of documentation indicating that he has tried and failed all recommended conservative care to support the requested intervention. Also, the injured worker's signs and symptoms on clinical examination indicate that he may have radiculopathy. Therefore, a medial branch block would not be supported. Furthermore, the documentation provided does not indicate that a radial frequency ablation would be performed if the medial branch block is successful. Therefore, the request is not supported. As such, the request is not medically necessary.