

Case Number:	CM15-0009293		
Date Assigned:	01/30/2015	Date of Injury:	08/15/1997
Decision Date:	03/18/2015	UR Denial Date:	01/08/2015
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: North Carolina
 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 70 year old male, who sustained an industrial injury on 08/15/1997. He has reported subsequent low back pain and was diagnosed with lumbar radiculopathy, low back pain and lumbar disc disorder. Treatment to date has included oral and topical pain medication and epidural injections. In a progress note dated 12/17/2014, the injured worker reported lower back pain which was unchanged from the previous visit. Medications were noted to work well but the injured worker reported that low back pain had increased over time. Objective physical examination findings were notable for restricted range of motion of the lumbar spine, spinous process tenderness at L4 and positive lumbar facet loading greater on the left side. Authorization was requested for a left medial branch block of L3, L4, L5, S1 and sacral ala for increased low back pain with positive facet loading test. On 01/08/2015, Utilization Review non-certified a request for left medial branch block of L3, L4, L5, S1 and sacral ala, left side noting that guidelines do not support the use of this surgical procedure in the setting of radiculopathy and that there was no objective imaging report for review to corroborate the physical examination findings. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Medial Branch Block L3, L4, L5, L6, S1 and Sacral Ala; left side: 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 facet joint medial branch blocks

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the ODG section on leg and knee and hyaluronic acid injections, criteria for injections include patients who experience significantly symptomatic osteoarthritis without adequate response to conservative non-pharmacological and pharmacological treatments, documented symptomatic severe osteoarthritis of the knee, pain interferes with functional activities, failure to respond to aspiration and injection of intra-articular steroids, not candidates for total knee replacements and not indicated for any other indications. The patient has the diagnosis of patellofemoral arthritis which is not an indication as set forth above per the OPDG guidelines. Therefore the request is not certified.