

Case Number:	CM15-0009772		
Date Assigned:	01/27/2015	Date of Injury:	02/28/2004
Decision Date:	03/23/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/16/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 is a 58 year old male, who sustained an industrial injury on February 28, 2004. The diagnoses have included right lumbar facet pain and left lumbar facet pain. Treatment to date has included lumbar medial branch blocks at L4-L5 and L5-S1 bilaterally, radiofrequency ablation on the right at both levels, and pain medication. Currently, the injured worker complains of low back pain and right leg pain. The injured worker reported having pain on the left buttock down the left leg. He reported that his pain has been very well treated with radiofrequency ablations and proved 80-90% relief over one year. He had medial branch block performed on both sides in 2011. On examination, the injured worker had tenderness to palpation over the bilateral lumbar facet joints, pain with extension and rotation of the lumbar spine. On December 23, 2014 Utilization Review non-certified a request for an injection of bilateral lumbar branch blocks under fluoroscopy with intravenous sedation, noting that the request is for the same levels bilaterally as the prior diagnostic medial branch blocks and that subsequent radiofrequency blocks have been significantly successful. The California Medical Treatment Utilization Schedule, Official Disability Guidelines, ACOEM, was cited. On January 16, 2015, the injured worker submitted an application for IMR for review of injection bilateral lumbar branch blocks under fluoroscopy with intravenous sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection Bilateral lumbar branch block under fluoroscopy with IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, 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 low back, facet injections

Decision rationale: The medical records provided for review report back pain and indicate previous success with RFA of facets with reported 80-90% improvement for 1 year. The current records do not document physical examination findings consistent with facet mediated pain. Further ODG guidelines do not support repeat diagnostic blocks in setting of previous success of RFA or if the injured worker having demonstrated physical exam findings of facet mediated pain. As such, The medical records provided for review do not demonstrate findings in support of bilateral lumbar branch block congruent with ODG.