MAXIMUS Federal Services

Case Number:	CM15-0107826		
Date Assigned:	06/12/2015	Date of Injury:	09/11/2006
Decision Date:	08/21/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/04/2015

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: Emergency Medicine

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 (IW) is a 52-year-old female who sustained an industrial injury on 09/11/2006. She reported pain in the neck and lower back continuing in both lower extremities to the toes. The injured worker was diagnosed as having: Spondylosis, cervical. Radiculopathy, cervical. Radiculopathy, Lumbosacral Treatment to date has included medications and medication management. Currently, the injured worker complains of constant pain in the neck, lower back and bilateral lower extremities to toes with intermittent flare-ups. On the average, her pain is rated at a 5 on a scale of 0-10 at its worst it is an 8 on a scale of 0-10, and is made worse by twisting, bending, turning, increasing activity, and cold weather. Sitting, resting and takin pain medications make it better. She also complains of feeling blue, having insomnia, and decreased activity. On exam, there is no acute distress. Her gait is forward and stooped. She walks with assistance of a cane. There is no spasm present in the lumbar paravertebral region. There is noted atrophy or wasting of the muscles and tenderness is noted in the right and left lumbar paravertebral regions at L4-L5 and L4-S1. The lumbar spine is painful and restricted in all range of motion. Straight leg raising test is positive left side at 60 degrees and on the right side at 60 degrees. Sensations are equal in both lower extremities and motor strength is slightly decreased in both lower extremities. A urine drug screen 05/13/2015 is positive for marijuana and inconsistent for oxycodone. A MRI of the lumbar spine without contrast showed a disc bulge and facet hypertrophy at L3-4, L4-5, and L5-S1. A diagnostic bilateral medial branch block at the L4-L5 and L5-S1 levels is planned. A request for authorization was made for the following: Bilateral Lumbar Medial Branch Blocks L4-5and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Medial Branch Blocks L4-5/L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Low Back Chapter.

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 - Lumbar & Thoracic (Acute &Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The requested Bilateral Lumbar Medial Branch Blocks L4-5/L5-S1, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels."The injured worker has constant pain in the neck, lower back and bilateral lower extremities to toes with intermittent flare-ups. On the average, her pain is rated at a 5 on a scale of 0-10 at its worst it is an 8 on a scale of 0-10, and is made worse by twisting, bending, turning, increasing activity, and cold weather. Sitting, resting and taking pain medications make it better. She also complains of feeling blue, having insomnia, and decreased activity. On exam, there is no acute distress. Her gait is forward and stooped. She walks with assistance of a cane. There is no spasm present in the lumbar paravertebral region. There is noted atrophy or wasting of the muscles and tenderness is noted in the right and left lumbar paravertebral regions at L4-L5 and L4-S1. The lumbar spine is painful and restricted in all range of motion. Straight leg raising test is positive left side at 60 degrees and on the right side at 60 degrees. Sensations are equal in both lower extremities and motor strength is slightly decreased in both lower extremities. The treating physician has documented evidence of radiculopathy a negative criteria for medial branch blocks. The criteria noted above not having been met, Bilateral Lumbar Medial Branch Blocks L4-5/L5-S1 is not medically necessary.