MAXIMUS Federal Services

Case Number:	CM15-0109248		
Date Assigned:	06/15/2015	Date of Injury:	09/11/2014
Decision Date:	08/25/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 35 year old male who sustained an industrial injury on 09/11/2014.The injured worker was diagnosed with lumbosacral spondylosis and lumbago. Treatment to date has included conservative measures, physical therapy, acupuncture therapy, lumbar epidural steroid injection on March 5, 2015, transcutaneous electrical nerve stimulation (TEN's) unit, assistive device for ambulation and medications. According to the primary treating physician's progress report on April 22, 2015, the injured worker continues to experience low back pain. Examination of the lumbar spine demonstrated diffuse tenderness to palpation with motor, sensory and range of motion intact. The injured worker remains off work on temporary total disability (TTD). Current medications are listed as Tylenol #3. Treatment plan consists of pain management visits, additional physical therapy and acupuncture therapy and the current request for a left and right medial branch block at L3-L5 with fluoroscopic guidance and a Functional Capacity Evaluation (FCE).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right medial branch block L3-L5, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

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 injured worker sustained a work related injury on 09/11/2014. The medical records provided indicate the diagnosis of lumbosacral spondylosis and lumbago. Treatment to date has included conservative measures, physical therapy, acupuncture therapy, lumbar epidural steroid injection on March 5, 2015, transcutaneous electrical nerve stimulation (TEN's) unit, assistive device for ambulation and medications. The medical records provided for review do not indicate a medical necessity for Right medial branch block L3-L5, QTY: 1. The MTUS is silent on Lumbar medial branch block; however, the official Disability Guidelines recommends against medial branch block except as a diagnostic tool. Additionally, this guideline does not recommend diagnostic medical branch block in the presence of radicular pain or without documentation of failure of conservative treatment (including home exercise physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks. The medical records indicate the injured worker suffers from radicular pain, and has not competed physical therapy. Therefore, the request is not medically necessary.

Left medial branch block L3-L5, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

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 injured worker sustained a work related injury on 09/11/2014. The medical records provided indicate the diagnosis of lumbosacral spondylosis and lumbago. Treatment to date has included conservative measures, physical therapy, acupuncture therapy, lumbar epidural steroid injection on March 5, 2015, transcutaneous electrical nerve stimulation (TEN's) unit, assistive device for ambulation and medications. The medical records provided for review do not indicate a medical necessity for Left medial branch block L3-L5, QTY: 1. The MTUS is silent on Lumbar medial branch block; however, the official Disability Guidelines recommends against medial branch block except as a diagnostic tool. Additionally, this guideline does not recommend diagnostic medical branch block in the presence of radicular pain or without documentation of failure of conservative treatment (including home exercise physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks. The medical records indicate the injured worker suffers from radicular pain, and has not competed physical therapy. Therefore, the request is not medically necessary.

Fluoroscopic guidance for the MBB injection, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Fluoroscopy.

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 injured worker sustained a work related injury on 09/11/2014. The medical records provided indicate the diagnosis of lumbosacral spondylosis and lumbago. Treatment to date has included conservative measures, physical therapy, acupuncture therapy, lumbar epidural steroid injection on March 5, 2015, transcutaneous electrical nerve stimulation (TEN's) unit, assistive device for ambulation and medications. The medical records provided for review do not indicate a medical necessity for Fluoroscopic guidance for the MBB injection, QTY: 1. The MTUS is silent on medial branch block; however, the official Disability Guidelines recommends against diagnostic medical branch block in the presence of radicular pain, or without documentation of failure of conservative treatment (including home exercise physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks. The medical records indicate the injured worker suffers from radicular pain, and has not competed physical therapy. Therefore, this procedure is not medically necessary since the request for medical branch block has been determined not to be medically necessary.

Functional Capacity Evaluation, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fitness for Duty Functional capacity evaluation (FCE).

Decision rationale: The injured worker sustained a work related injury on 09/11/2014. The medical records provided indicate the diagnosis of lumbosacral spondylosis and lumbago. Treatment to date has included conservative measures, physical therapy, acupuncture therapy, lumbar epidural steroid injection on March 5, 2015, transcutaneous electrical nerve stimulation (TEN's) unit, assistive device for ambulation and medications. The medical records provided for review do not indicate a medical necessity for a functional capacity evaluation. The Utilization review document stated this was approved in 05/2015; therefore, this additional request is not medically necessary.