

Case Number:	CM15-0132153		
Date Assigned:	07/20/2015	Date of Injury:	03/07/2014
Decision Date:	08/21/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/08/2015

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: 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 55 year old female who sustained an industrial injury to the lower back on 03/07/2014. The injured worker was diagnosed with lumbar radiculopathy and situational depression. Treatment to date has included diagnostic testing with recent lumbar spine magnetic resonance imaging (MRI) on April 30, 2015, multiple lumbar epidural steroid injections, bilateral facet injections L4 and L5 on January 16, 2015, radiofrequency ablation bilateral L4-5 and L5-S1 on February 23, 2015, transforaminal epidural steroid injection L3-4 (latest injection on May 22, 2015), chiropractic therapy, physical therapy and medications. According to the primary treating physician's progress report on June 17, 2015, the injured worker continues to experience low back pain with improvement after the May 22, 2015 epidural steroid injection. Spasms have decreased with medications. Examination demonstrated mild tenderness of the lower left lumbar/lumbosacral area with mild spasm. Flexion was documented at 90 degrees, extension 5 degrees and bilateral lateral flexion at 20 degrees each. There was normal motor strength, deep tendon reflexes and sensory. Straight leg raise was negative. On June 24, 2015, the injured worker was again evaluated for low back pain with radiation to the left leg with numbness in the medial proximal left thigh and groin and weakness with left toes plantar flexion. Gait was symmetric. Current medications are listed as Norco 10/325mg, Flexeril, Gabapentin, Lyrica, Motrin and Cymbalta. Treatment plan consists of continuing medication regimen and the current request for medial branch nerve blocks at bilateral L1-L2, bilateral L2-L3 and bilateral L3-L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Nerve Block at Bilateral Lumbar L1-L2, Bilateral L2-L3 and Bilateral L3-L4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic - Facet joint diagnostic blocks, Facet joint injections, multiple series.

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 Chapter/Facet joint diagnostic blocks (injections).

Decision rationale: According to the Official Disability Guideline's low back chapter on criteria for the use of diagnostic blocks for facet "mediated" pain, no more than 2 facet joint levels are injected in one session. In this case, the request is for nerve blocks to be performed at 3 levels which exceeds the recommendation by ODG. The injured worker does not meet the criteria for medical branch blocks as per ODG. The request for medial branch nerve block at bilateral lumbar L1-L2, bilateral L2-L3 and bilateral L3-L4 is not medically necessary and appropriate.