

Case Number:	CM15-0133345		
Date Assigned:	07/21/2015	Date of Injury:	06/29/1999
Decision Date:	08/17/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 56 year-old female with a June 29, 1999 date of injury. A progress note dated June 5, 2015 documents subjective complaints (markedly increased lower back pain associated with a lot of spasm but no radicular pain), objective findings (severe myofascial spasm in the lumbar paraspinous muscles and gluteal musculature; marked loss of lumbar range of motion), and current diagnoses (degeneration of lumbar intervertebral disc; degeneration of cervical intervertebral disc; degeneration of thoracic intervertebral disc). Treatments to date have included lumbar facet rhizotomy with benefit, home exercise, and medications. The treating physician documented a plan of care that included bilateral L5-S1 medial branch block with consideration for a future rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral L5-S1 medial branch blocks with consideration for a future rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Facet joint 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), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant has a history of a work injury occurring in June 1999 and continues to be treated for low back pain. When seen, she was not having any radicular symptoms. Physical examination findings included a marked loss of lumbar range of motion in flexion, extension, and side bending. There was severe lumbar paraspinal and gluteal muscle spasm. Prior treatments have included cervical medial branch radiofrequency ablation with reported benefit. Authorization for diagnostic lumbar medial branch blocks was requested. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. No more than two facet joint levels are to be injected in one session. In this case, physical examination findings do not support a diagnosis of facet mediated pain as there is no documentation of facet tenderness or reproduction of symptoms with facet loading maneuvers. The requested medial branch block procedure was not medically necessary.