

Case Number:	CM15-0136425		
Date Assigned:	07/24/2015	Date of Injury:	05/15/2012
Decision Date:	08/21/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/14/2015

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:

The injured worker is a 57-year-old male patient who sustained an industrial injury on 05/15/2012. The accident was described as while reaching out preventing himself from falling he suffered an injury. The patient was unloading boxes from a truck when the acute onset of chest pain arose. A follow up dated 05/20/2015 reported subjective complaint of low back pain. Current medications include Duloxetine, Ibuprofen, and ASA. The impression found the patient with lumbar facet hypertrophy; left lumbar radiculitis; history of four myocardial infarcts, and on medication Plavix. The plan of care noted prescribing Gabapentin, and Anaprox, Omeprazole. There is mention of an unbeneficial prior lumbar epidural injection with recommendation to administer a lumbar medial branch block. An initial pain management consultation dated 04/22/2015 reported chief complaint of low back pain. The plan of care recommended the patient undergo a course of physical therapy, as he is not participating in home exercises. There is also recommendation to utilize a transcutaneous nerve stimulator unit. The patient is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral lumbar medial branch block at L3-L5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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 sustained a work-related injury in May 2012 and continues to be treated for low back pain. When seen, he was performing a home exercise program. He was having back pain with activity, rated at 8/10. There was a mildly antalgic gait. Facet stress testing was positive bilaterally. There was a normal neurological examination. 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. In this case, the claimant has axial low back pain with positive facet loading and has undergone extensive prior conservative treatment. He is already performing a home exercise program. The criteria are met and the requested lumbar medial branch block procedure is medically necessary.