

Case Number:	CM15-0141877		
Date Assigned:	07/31/2015	Date of Injury:	11/14/2013
Decision Date:	08/28/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/21/2015

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: Maryland

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

This 36 year old male sustained an industrial injury on 11-14-13. He subsequently reported low back and right hip pain. Diagnoses include lumbar radiculopathy. Treatments to date x-ray and MRI testing, hip surgery, physical therapy and prescription pain medications. The injured worker continues to experience upper and lower back pain. Upon examination, there is tenderness to palpation over the bilateral lumbar paraspinals. Lumbar range of motion is reduced. Straight leg raising is positive bilaterally. A request for Bilateral L3, L4, and L5 medial branch block was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, and L5 medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic)-Facet joint diagnostic blocks (injections).

Decision rationale: Bilateral L3, L4, and L5 medial branch block is not medically necessary per the ACOEM and the ODG guidelines. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The documentation indicates that the patient has radicular symptoms and the guidelines do not support facet injections in the presence of radiculopathy therefore this request is not medically necessary.