MAXIMUS Federal Services

Case Number:	CM15-0144260		
Date Assigned:	08/05/2015	Date of Injury:	09/30/2014
Decision Date:	09/09/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/24/2015

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, Massachusetts
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 37 year old male who sustained an industrial injury on 09-30-2014. Mechanism of injury occurred when he was doing heavy lifting as a metal machine shop operator. Diagnoses include lumbar discogenic pain; rule out lumbar facet joint syndrome on the left side. Treatment to date has included diagnostic studies, medications, epidural steroid injections, physical therapy, home exercises and walking. On 04-01-2015 and lumbar Magnetic Resonance Imaging revealed disc desiccations at L5-L5 mostly and there is a broad-based disc central herniation at L4-L5 that impinges on the thecal sac. His medications include Ultracet and Relafen. A physician progress note dated 06-29-2015 documents the injured worker complains of persistent pain in his low back. His pain is mostly located on the left side of his low back. He states 89% of his pain in the low back. He has intermittent pain, numbness, and tingling down the left lower extremity, but that is not important to him. He has palpatory tenderness in the left side of the low back. Both flexion and extension increases his pain. He has a normal gait and ambulation. The treatment plan includes Relafen 750mg #60, Botox injections in the future and a follow up in 4 weeks. Treatment requested is for 1 left L3, L4, L5 dorsal medial branch diagnostic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left L3, L4, L5 dorsal medial branch diagnostic block: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to ACOEM OMPG, CA MTUS is silent, medial branch injections may be appropriate if there is evidence of facet joint pathology and failure to improve with conservative therapy. According to ACOEM OMPG "facet joint diagnostic block: criteria for the use of diagnostic blocks for facet nerve pain: clinical presentation should be consistent with facet joint pain sing and symptoms. From my review of the records the IW does have evidence of facet joint pathology as evidenced by tenderness over facet region, normal sensory exam and absence of radicular findings." Therefore, the requested blocks are medically necessary.