

Case Number:	CM15-0148350		
Date Assigned:	08/11/2015	Date of Injury:	01/30/2015
Decision Date:	09/10/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/30/2015

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, North Carolina
 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 52 year old female, who sustained an industrial injury on January 30 2015. The injured worker was diagnosed as having lumbar disc degeneration, lumbar facet spondylosis and chronic low back pain. Treatment to date has included medication. A progress note dated June 18, 2015 provides the injured worker complains of chronic low back pain. She reports the pain is worsened. She rates the pain 8 out of 10. The symptoms caused her to go the emergency department for analgesic treatment. She also reports suicidal ideation and inability to perform activities of daily living (ADL) such as dressing and bathing. Physical exam notes obvious discomfort, paraspinal spasm and tenderness to palpation of the lumbar spine. The plan includes lumbar corset, medication and medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, 4, 5 medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure summary.

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, (medial branch blocks).

Decision rationale: CA MTUS does not address medial branch blocks. ODG states that diagnostic blocks for facet mediated pain are limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally. In this case, there is documentation of failure of conservative treatment, including home exercise program, physical therapy and NSAIDs, prior to the procedure for at least 4-6 weeks. The claimant has had worsening back pain despite medications and PT. There is limited evidence of facet-mediated pain to support this request. There is also no mention of a positive facet-loading maneuver, pain with extension or lateral flexion or tenderness over the facet joints on physical exam. Therefore, this request is deemed not medically necessary or appropriate.

Lumbosacral corset: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The request is for a lumbar support in a patient with lumbar disc disease and spondylosis. ACOEM guidelines only recommend lumbar supports for patients with fractured, spondylolithesis or documented spinal instability. There is no support for the long-term effectiveness of lumbar supports. This patient does not have the above clinical issues. In addition, lumbar supports are not recommended outside the acute phase of symptom relief. In this case the claimant is over 6 months post-injury. Therefore, the request for a lumbar support is deemed not medically necessary or appropriate.