

Case Number:	CM15-0149452		
Date Assigned:	08/12/2015	Date of Injury:	10/04/2010
Decision Date:	09/09/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	08/03/2015

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:

The injured worker is a 52 year old male, who sustained an industrial injury on October 4, 2010. He reported a fall to the ground injuring the back of his head, right shoulder, right knee, hands and wrists. The initial handwritten diagnosis was illegible. The injured worker was currently diagnosed as having pain in joint shoulder region, backache unspecified, pain in joint lower leg and hand pain. Treatment to date has included diagnostic studies, surgery, facet joint injections, epidural steroid injection, knee brace and medications. An epidural steroid injection was noted to provide pain relief in his back until the local anesthetic wore off. His Percocet medication was reported to provide him better function. The most recent progress report in the medical record was dated December 30, 2014. The injured worker reported that his back pain was improving. He complained of shoulder, knee and hand pain. The treatment plan included a knee consultation, medications and a follow-up visit. On July 6, 2015, Utilization Review non-certified the request for bilateral lumbar medial branch block at L4-5 and L5-S1, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar medial branch block at L4-5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

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) Lumbar & Thoracic (Acute & Chronic) Facet joint diagnostic blocks (injections).

Decision rationale: Bilateral lumbar medial branch block at L4-5, L5-S1 are not medically necessary per the MTUS Chronic Pain 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 one set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. An 11/3/14 orthopedic AME IME states that further injection therapy on the patient's low back will not change his condition. A 10/23/14 document indicates that the patient underwent lumbar facet injections bilaterally at L4-5 and L5-S1 in [REDACTED] and the patient was felt to be a good candidate for facet joint denervation. The most recent progress note included in the documentation submitted is from 12/30/14. The documentation does not indicate that additional blocks will result in significant improvement as per the AME IME. Additionally the guidelines recommend only one block prior to facet neurotomies and it is not clear what the outcome was from prior facet blocks. The request for bilateral medial branch blocks is not medically necessary.