

Case Number:	CM15-0167676		
Date Assigned:	09/08/2015	Date of Injury:	04/23/2006
Decision Date:	10/07/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/26/2015

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:

This injured worker is a 57 year old female, with a date of injury of 4-23-2006. Diagnoses include status post bilateral carpal tunnel releases status post bilateral elbow surgery, cervical degenerative disc disease multiple levels along with neural foraminal narrowing, cervical radiculitis, lumbar degenerative disc disease and lumbar facet arthropathy. Treatment to date has included surgical intervention (carpal tunnel bilateral releases in 2006 and bilateral elbow surgeries in 2007), as well as conservative measures including diagnostics, medications, physical therapy, acupuncture, and pain management evaluation and treatment. Per the Secondary Treating Physician's Progress Report (PR-2) dated 7-21-2015, the injured worker presented for an interval pain management evaluation. She reported ongoing difficulty with pain in her neck, upper back, shoulders, and bilateral upper extremities and across the low back. Her pain is rated as 9 out of 10 in intensity but is reduced to 7 out of 10 with medications. She is distressed that her medications are being modified with the intent to discontinue. Objective findings included guarded and slowed movements of the lumbar spine with limited range of motion. She has a dyskinetic recovery from a forward flexed position. There was diffuse tenderness of the lumbosacral junction and she had difficulty changing positions. The plan of care included medication management. Authorization was requested for one bilateral medial branch block at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Blocks L5-S1 Bilateral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar facet joint injections (MBB).

Decision rationale: ODG states that Medial Branch Blocks (MBB) are considered a diagnostic tool and guidelines recommend one set of diagnostic MBB prior to radiofrequency ablation (RFA). Evidence-base guidelines recommend MBB as a one-time diagnostic tool. Therapeutic MBB are not indicated or recommended. In this case, the patient has undergone bilateral L5-S1 facet blocks on 9/17/13 and bilateral L5-S1 RFA on 12/20/13. Repeat MBB are not indicated. There are no extenuating circumstances present to override the guidelines. Therefore, the request is not medically necessary or appropriate.