

Case Number:	CM15-0181075		
Date Assigned:	09/22/2015	Date of Injury:	02/07/2014
Decision Date:	10/27/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/14/2015

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 45-year-old female who sustained an industrial injury 02-07-14. A review of the medical records reveals the injured worker is undergoing treatment for cervical and lumbar spondylosis, and chronic pain syndrome. Medical records (08-07-15 through 09-04-15) reveal the injured worker complains of neck and arm pain rated at 8-9/10. The physical exam (09-04-15) reveals tenderness in the lumbar spine as well as restricted range of motion and pain with movement. There is decreased sensation in the L3 and L4 distribution and 4/5 lower extremity strength. Range of motion of the cervical spine is noted to be "minimal." Prior treatment includes medications, a Functional Restoration Program, and a home exercise program. The original utilization review (09-11-15) non-certified bilateral medial branch blocks at 4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Blocks, (lumbar) L4-L5 and (lumbosacral) 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 - Facet Joint Diagnostic Blocks (Injections); Facet Joint Intra-articular injections (therapeutic blocks).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint diagnostic blocks (injections).

Decision rationale: Bilateral Medial Branch Blocks, (lumbar) L4-L5 and (lumbosacral) L5-S1 medial branch blocks are not medically necessary per the MTUS Guidelines and the ODG. 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 of decreased strength and decreased sensation in the L3, L4 distribution in the lower extremities is suggestive of radicular etiology. This request is not medically necessary.