

Case Number:	CM15-0181128		
Date Assigned:	09/22/2015	Date of Injury:	06/30/2014
Decision Date:	10/27/2015	UR Denial Date:	08/31/2015
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: Arizona, California

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 is a 55-year-old male with a date of injury of June 30, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and bilateral sacroiliac joint sprain and strain. Medical records dated July 7, 2015 indicate that the injured worker complains of lower back pain rated at a level of 7 out of 10. A progress note dated August 4, 2015 notes subjective complaints of lower back pain rated at a level of 7.5 out of 10, and left arm aching. Per the treating physician (August 14, 2015), the employee work had restrictions including no lifting over 40 pounds. The physical exam dated July 7, 2015 reveals an antalgic gait to the left, heel toe walk exacerbated to the left, moderate tenderness over the lumbar paravertebral musculature, facet tenderness over the L4-S1 spinous processes, positive sacroiliac tenderness, Fabere's and Patrick's, sacroiliac thrush test, and Yeoman's test bilaterally, positive Kemp's test bilaterally, positive straight leg raise test on the left, positive Farfan test bilaterally, decreased range of motion of the lumbar spine (flexion of 60 degrees, extension of 10 degrees, full range of motion with lateral bending bilaterally), and intact sensation in all dermatomes. The progress note dated August 4, 2015 documented a physical examination that showed no changes since the examination conducted on July 7, 2015. Treatment has included transforaminal epidural steroid injection at left L4-5 and left L5-S1 (June 15, 2015) with 70% improvement, back bracing, home exercise, and magnetic resonance imaging of the lumbar spine (February 3, 2015) that showed remote anterior wedging of the T12, L1, L2, and L3 vertebra, disc protrusions at L3-4 and L4-5 with abutment of the descending nerve roots and the exiting right and left nerve roots with mild central canal narrowing, disc protrusion at L5-S1 with abutment of the descending S1 nerve roots bilaterally and the exiting right and left L5 nerve roots with mild central canal narrowing, and multilevel facet arthropathy.

The original utilization review (August 31, 2015) partially certified a request for L3-5 medial branch block times one (original request for medial branch block times two).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3 to L5 medial branch blocks corresponding to the L4-L5 and L5-S1 facets times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter - Facet joint diagnostic blocks (injections).

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 chapter and pg 36.

Decision rationale: According to the guidelines, MBB are not indicated for those with radiculopathy. In this case, the claimant had a recent ESI, which is indicated for those with radiculopathy. The physician's assessment does include this diagnosis. The guidelines recommend against MBB in these cases. As a result, the request for an MBB for L3-L5 is not medically necessary.