

Case Number:	CM15-0183378		
Date Assigned:	09/24/2015	Date of Injury:	12/01/2012
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/17/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 34 year old male, who sustained an industrial injury on 12-01-2012. The injured worker is currently not working as of 07-22-2015. Medical records indicated that the injured worker is undergoing treatment for lumbar disc injury, lumbar radiculopathy, and lumbar facet arthralgia. Treatment and diagnostics to date has included facet injections, epidural injections, and medications. Current medications include Norco. In a progress note dated 08-31-2015, the injured worker reported low back pain referring down into the bilateral lower extremities and stated that he is "slightly better after the epidural injection from July 2015 with pain that decreased from 7 out of 10 down to 5 out of 10". Objective findings included "moderate" pain over the left more than right and L5-S1 more than the L4-L5 level and lumbar paraspinal spasms. The request for authorization dated 08-31-2015 requested medial branch block to bilateral L4-L5 and bilateral L5-S1. The Utilization Review with a decision date of 09-10-2015 non-certified the request for a medial branch block at bilateral L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block at bilateral L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet joint injections, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Follow-up Visits, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for Medial branch block at bilateral L4-L5 and L5-S1, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time and recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy. Within the documentation available for review, the patient has already had bilateral medial branch blocks at the requested levels, thus the request exceeds guideline recommendation. In addition, the injured worker has already had a radiofrequency procedure to the requested sites in the past. As such, the currently requested Medial branch block at bilateral L4-L5 and L5-S1 is not medically necessary.