

Case Number:	CM15-0184043		
Date Assigned:	09/24/2015	Date of Injury:	09/20/2011
Decision Date:	10/30/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on 9-20-11. The injured worker is undergoing treatment for lumbago and lumbosacral spondylolysis. Medical records dated 4-7-15 indicate the injured worker complains of back pain with spasm and headaches. She reports she has 3 aqua therapy sessions left and that "the physical therapist did try massage, but she did not tolerate this well." She reports with medication, "She is able to bring her pain to about 5 out of 10." The 4-7-15 note indicates review of cervical (12-22-11) and lumbar (10-19-12) magnetic resonance imaging (MRI) revealing disc bulge at L2-3, L3-4 and L4-5, desiccation at L3-4, and cervical disc protrusions. Physical exam dated 4-7-15 notes mild discomfort, limited lumbar spine range of motion (ROM) and ambulation with use of single point cane. Treatment to date has included Norco, Robaxin, Voltaren gel and aquatic therapy. The original utilization review dated 9-11-15 indicates the request for medial branch block at right L3, L4 L5 is non-certified noting no specific documentation of facet-mediated type pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block at right L3, L4, L5: 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 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-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in September 2011 and is being treated for chronic low back pain. When seen, medications were decreasing pain to 5-6/10. There was limited lumbar flexion and extension. She was using a cane. MRI scans of the lumbar spine have showed findings of multilevel disc bulging and L3/4 degenerative disc disease. Facet injections are being requested. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, there are no physical examination findings that support a diagnosis of facet mediated pain such as facet tenderness or reproduction of symptoms with facet loading maneuvers. No right lateralized findings by imaging are recorded. The requested injection procedure is not medically necessary.