

Case Number:	CM15-0184492		
Date Assigned:	09/25/2015	Date of Injury:	09/11/2002
Decision Date:	11/02/2015	UR Denial Date:	08/26/2015
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: 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 48 year old male with a date of injury on 9-11-2002. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain-strain. According to the progress report dated 5-15-2015, the injured worker reported that he had 50 percent relief for about six weeks after his lumbar facet joint injections. Physical exam revealed a mild to moderate loss of movement in lumbar flexion and moderate to major loss of movement in extension. He was tender over the paraspinals from L4 through S1. Per the progress report dated 8-11-2015, the injured worker complained of back pain radiating down the left leg as well as numbness with prolonged sitting. He rated his current pain as nine to nine and one half out of 10. He reported three flare ups in the past week and a half. Per the treating physician (8-11-20015), the injured worker has returned to work. The physical exam (8-11-2015) revealed lumbar pain with range of motion. Straight leg raise rest revealed 70 degrees on the left and 45 degrees on the right with sharp low back pain bilaterally. Treatment has included chiropractic treatment and medication. The injured worker underwent lumbar facet joint injections right L4-5, left L4-5, right L5-S1 and left L5-S1 on 8-8-2014. The request for authorization dated 8-11-2015 included lumbar medial branch block at L4, L5 and S1. The original Utilization Review (UR) (8-27-2015) denied a request for a lumbar medial branch block at L4-L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Block, L4-L5-S1 (sacroiliac): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 36.

Decision rationale: In this case, the claimant has significant facet tenderness and pain that does not respond to ice and pain medications. The claimant does not have radiculopathy. The claimant has responded more than 50% for 3 months with medial branch blocks. However, there is no documentation provided for therapy and home exercise response. In addition, the ACOEM guidelines do not recommend invasive procedures due to their short term benefit. The request for MBB is not medically necessary.