

Case Number:	CM15-0185458		
Date Assigned:	09/25/2015	Date of Injury:	06/11/1979
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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: Internal Medicine, Rheumatology

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 an 85 year old male who sustained an industrial injury on 6-11-79. The injured worker reported low back pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar stenosis, lumbar herniated nucleus pulposus, lumbar radiculopathy, lumbar facet arthropathy, lumbar degenerative disc disease, neck pain and cervical radiculopathy. Medical records dated 9-17-15 indicate pain rated at 10 out of 10. Provider documentation dated 9-17-15 noted the work status as permanent and stationary. Treatment has included status post L4-5 laminotomy, physical therapy, injection therapy, Lyrica, Hydrocodone, Gabapentin since at least July of 2015, Voltaren, lumbar spine radiographic studies (7-27-15), lumbar spine magnetic resonance imaging (9-17-13). Objective findings dated 9-17-15 were notable for tenderness to palpation to the right lumbar face joints and right cervical paraspinals, lumbar facet loading positive bilaterally, right L5 dermatome with decreased sensation. The original utilization review (9-6-15) denied a request for Medial branch block at the bilateral L4-5 facet injections quantity of 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block at the bilateral L4-5 facet injections, QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar & Thoracic (Acute & Chronic), Facet Joint Diagnostic Blocks (Injections).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: This 85 year old male has complained of low back pain and neck pain since date of injury 6/11/1979. He has been treated with surgery, injections, physical therapy and medications. The current request is for medial branch block at the bilateral L4-5 facet injections, QTY: 1.00. Per the MTUS guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. On the basis of the available medical records and per the MTUS guidelines cited above, medial branch block at the bilateral L4-5 facet injections, QTY: 1.00 is not medically necessary.