

Case Number:	CM15-0193710		
Date Assigned:	10/07/2015	Date of Injury:	07/23/2011
Decision Date:	11/16/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/02/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 62 year old female, who sustained an industrial injury on 7-23-2011. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain, facet pain, sacroiliitis, and possibility of lumbar radiculopathy. On 8-14-2015, the injured worker reported persistent lower back pain rated 8 out of 10, with shooting pain into the buttock and lower extremity. The Primary Treating Physician's report dated 8-14-2015, noted the injured worker had been unable to fill her medications due to lack of authorization and had been trying to use over-the-counter (OTC) Ibuprofen, but she was allergic to Naproxen, doing the best using Celebrex with Norco occasionally at night. The injured worker reported injections in the past had helped, requesting an injection to help with her lower back pain. The physical examination was noted to show tenderness and spasms in the lumbar paraspinal muscle with stiffness noted at motion of the spine. Tenderness was noted at the bilateral facet joints with increased pain with extension compared to flexion of the low back. The treating physician indicates that a lumbar spine MRI dated 9-30-2013 showed multilevel degenerative changes in the lumbar spine with mild to moderate central spinal canal stenosis at L4-L5 and multilevel foraminal stenosis, which was worse at L3-L4 level. Electromyography (EMG) and nerve conduction study (NCS) of the bilateral lower extremities on 10-3-2013 were noted to show no evidence of lumbosacral radiculopathy or peripheral neuropathy in the lower extremities. The Physician noted the injured worker had "failed conservative treatments such as physical therapy, pain medication, and rest". Precious treatments were noted to also include acupuncture, Tramadol, Gabapentin, Omeprazole, TENS, and "injections in the past". The treatment plan was

noted to include a request for authorization for left lumbar branch blocks and a successful radiofrequency ablation to the left lumbar facet joints, with continued current medications, with samples of Tivorbex, indomethacin anti-inflammatory given. The injured worker's work status was noted to be to remain off work. The request for authorization dated 9-9-2015, requested left Lumbar Branch Blocks, L4-L5, L5-S1, QTY: 2. The Utilization Review (UR) dated 9-17-2015, non-certified the request for left Lumbar Branch Blocks, L4-L5, L5-S1, QTY: 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar Branch Blocks, L4-L5, L5-S1, QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

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 / Facet joint medial branch block (therapeutic injections).

Decision rationale: Per ODG Low Back / Facet joint medial branch block (therapeutic injections), medial branch blocks are "not recommended except as a diagnostic tool. Minimal evidence for treatment." As this procedure is not recommended per ODG guidelines, the recommendation is for non-certification. Therefore, the requested treatment is not medically necessary.