

Case Number:	CM15-0195320		
Date Assigned:	10/09/2015	Date of Injury:	05/13/2010
Decision Date:	11/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/05/2015

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:

The injured worker is a 71 -year-old male who sustained an industrial injury on 5-13-2010. Diagnoses have included T12 and L1 compression fracture, multiple level disc bulges most significant at L3-4 and L4-5, moderate to severe disc collapse L4-5, and "significant" facet arthropathy L3-4, L4-5, and L5-S1 bilaterally. This was stated in conjunction with a recent MRI dated 8-31-2015. Documented treatment includes right T12-L1 kyphoplasty and L1-2 and T12-L1 laminotomy on 10-4-2011; and, medication including Neurontin and Oxycodone stated to enable him to tolerate routine activities of daily living. On 9-17-2015 the injured worker reported ongoing neck, upper back, and lower back pain. Over the previous month, pain was rated between 2-6 out of 10. It is noted that the pain is not radiating. The objective examination revealed guarded, slowed movements, with difficulty changing positions. There was diffused tenderness noted at the lumbosacral junction, and forward flexion was 65 degrees, with extension at 5 degrees with increased pain. The physician also noted pain and tenderness over the L4-5 facet joints, but negative straight leg raise with no focal sensory loss. The treating physician's plan of care includes a request for authorization submitted 9-17-2015 for bilateral medial branch blocks at L2-3, L3-4, and L4-5. This was denied on 9-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block L2-L3, L3-L4, L4-L5 bilateral: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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 chapter, pg 36.

Decision rationale: According to the guidelines, a medical branch block is indicated for those with persistent facet pain who have failed conservative measures and do not have radiculopathy or prior fusion. In this case, the claimant does have facet arthropathy without radiculopathy in the requested areas. However, not more than 2 facet injections should be provided at once. As a result, the request for the 3 level lumbar MBB injections above is not medically necessary.