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| Case Number: | CM15-0196199 | | |
| Date Assigned: | 10/09/2015 | Date of Injury: | 01/04/2011 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

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 35 year old male with a date of injury on 01-04-2011. The injured worker is undergoing treatment for lumbar facet arthropathy, left lumbar radiculitis, and depression and anxiety. A physician progress note dated 09-04-2015 documents the injured worker's back pain is more constant and the leg pain comes and goes. He rates his pain as 8 out of 10. It is dull, aching, sharp, burning, tingling and numbness and pins and needles. Walking causes pain in his left leg. Rest and medication helps. On examination lumbar range of motion is decreased in flexion and extension. Straight leg raise is positive. There is decreased sensation in the left L5 and S1 distribution. He is currently working. Treatment to date has included diagnostic studies, medications, physical therapy, and chiropractic sessions with little relief, a home exercise program, and a lumbar epidural steroid injection that gave only 4 days of relief. Current medications include a muscle relaxant, Ibuprofen, Hydrocodone, Excedrin Sinus medication and Lopid. He has tried Gabapentin and Lyrica and had suicidal thoughts. Lumbar Magnetic Resonance Imaging done on 05-15-2014 showed L4-L5 a 5mm broad based disc bulge, facet and ligamentum flavum hypertrophy with moderate canal stenosis, moderate bilateral neural foraminal narrowing left greater than right and at L5-S1 there is a 5mm broad based disc bulge and facet arthropathy which results in moderate bilateral neural foraminal narrowing less pronounced in L4-L5 and no canal stenosis. The Request for Authorization dated 09-04-2015 includes Bilateral Medial Branch Block L3-4, L4-5 for Lumbar Spine, Ibuprofen, and Duloxetine. On 09-18-2015 Utilization Review non-certified the request for Bilateral Medial Branch Block L3-4, L4-5 for Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Block L3-4, L4-5 for Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2015, 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 / 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 request is not medically necessary.