

Case Number:	CM15-0197704		
Date Assigned:	10/13/2015	Date of Injury:	06/07/2014
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/07/2015

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 55-year-old female, with a reported date of injury of 06-07-2014. The diagnoses include lumbar disc rupture and sciatica. Treatments and evaluation to date have included a series of three lumbar epidural injection (slight improvement), Nabumetone, Acetaminophen, Gabapentin, and Orphenadrine. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 09-02-2015 indicates that the injured worker had a history of low back pain. It was noted that the injured worker had an MRI of the lumbar spine, which showed several abnormal discs. The injured worker's pain ratings were not indicated. It was noted that the series of three lumbar epidural injections had slight improvement with the first injection that lasted about a week. She received another two cortisone injections into her lower back in 01-2015. The objective findings (07-22-2015 to 09-02-2015) include marked limitation of lumbar flexibility; ability to flex only down to her knee level with increased pulling low back pain; less tenderness to palpation of the lumbar spine at S2-S3 from the previous injection; increased recurrent local tenderness mostly at S3 and S4; no evidence of muscle spasm; and negative straight leg raise in the sitting position to 90 degrees. The injured worker has been instructed to remain off work until 11-15-2015. The treating physician requested one medial branch nerve block at L4-5 and L5-S1. On 09-15-2015, Utilization Review (UR) non-certified the request for one medial branch nerve block at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medial Branch Nerve Block at L4-L5 and L5-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints, page 300 states that "lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." The use of diagnostic facet blocks requires that the clinical presentation to be consistent with the set mediated pain. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case, the exam note from 9/2/15 demonstrates radicular complaints. Therefore, the request is not medically necessary.