

Case Number:	CM15-0202191		
Date Assigned:	10/21/2015	Date of Injury:	01/10/2006
Decision Date:	12/03/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/14/2015

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:

This injured worker is a 60 year old male, who sustained an industrial injury on 01-10-2006. The injured worker was diagnosed as having brachial neuritis- radiculitis NOS and post laminectomy syndrome cervical. On medical records dated 04-03-2015, 07-22-2015 and 08-26-2015, the subjective complaints were noted as neck pain and back pain. Pain was rated a 3 at its best and 9 at its worst. Objective findings were noted as lumbo-thoracic spine decreased range of motion in all planes and positive tenderness to palpation. Lumbar paraspinous area revealed tenderness to palpation and lumbar facets joints L3- L5 and pain with facet loading maneuvers were noted. Treatment to date included medications. Current medications were listed as Lunesta, Percocet and Gabapentin. The Utilization Review (UR) was dated 09-21-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for MBB (medial branch block) left L2-L3 under fluoroscopic guidance was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MBB left L2-L3 under fluoroscopic guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: CA MTUS/ACOEM guidelines, Chapter 12 Low Back complaints (physical methods), 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 require that the clinical presentation be consistent with facet- 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 8/26/15 does not demonstrate radicular complaints and the clinical presentation is consistent with facet- mediated pain. Therefore, the request is medically necessary.