MAXIMUS Federal Services

Case Number:	CM15-0203746		
Date Assigned:	10/20/2015	Date of Injury:	11/24/2010
Decision Date:	12/03/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/16/2015

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 49-year-old male who sustained an industrial injury on 11-24-2010 and has been treated for low back pain and muscle strain. Diagnostic MRI 8-16-2015 revealed multilevel degenerative disc changes, annular tears, small protrusions, and Grade I spondylitic spondylolisthesis at L5-S1. The physician states he also has facet arthropathy at L4-5 and L5-S1, with lytic defect, which may be "causing the majority of the pain." On 9-9-2015, the injured worker reported a "flare" of low back symptoms with "a lot of spasm lately," and he stated the morning of this appointment "the whole right side of his back locked up." He stated he has no numbness, tingling or weakness in his legs. Objective examination noted right paraspinous tenderness with palpation and spasm. The injured worker has been working full-duty and stated a desire to remain active. Documented treatment includes home exercise, NSAIDs, Flexeril and Norco. Requests have been submitted for physical therapy and referral to a "specialist." The treating physician's plan of care includes bilateral medial branch blocks "to see if pain increases" indicating a possible need for a medial branch neurotomy which was denied on 9-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medial branch block, bilateral L3-L4 and L4-L5: 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 request is not medically necessary.