

Case Number:	CM15-0206158		
Date Assigned:	10/23/2015	Date of Injury:	12/12/2007
Decision Date:	12/04/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 was a 53 year old female, who sustained an industrial injury, December 12, 2007. The injured worker was undergoing treatment for status L3-L5 fusion in January 2009 and low back pain. According to progress note of September 22, 2015, the injured worker's chief complaint was waxing and waning back pain that was overall worsening. The injured worker was 5 years post L3-L5 fusion, now some junctional disease that had been stable, but was now causing more pain. The injured worker had right hip pain and tenderness, also. The physical exam of the lower extremities noted 5 out of 5 strength, hip flexors, knee flexors, knee extensors, ankle dorsiflexion, ankle plantar flexion and EHL. The sensation was intact to light touch throughout the bilateral lower extremities, L2-S1. There was no tenderness over the spine. There was tenderness over the left gluteal. The injured worker was currently receiving chemotherapy for breast cancer. The injured worker previously received the following treatments Darvocet-N, Diazepam, Methocarbamol, Neurontin and Oxycodone. The RFA (request for authorization) dated September 25, 2015; the following treatments were requested outpatient lumbar right medial branch block at L3-L5. The UR (utilization review board) denied certification on October 8, 2015, for the outpatient lumbar right medial branch block at L3-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient, lumbar right medial branch block at L3-L5: Upheld

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

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 diagnostic blocks (injections).

Decision rationale: As the California MTUS does not specifically discuss medial branch blocks in cases of low back pain, the ODG provides the preferred mechanism for assessing the evidence base for clinical necessity of the treatment modality. With respect to medial branch blocks, the ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure. In this case, the provided documents indicate that junctional disease present on imaging may result in relief with medial branch blocks, but evidence to support the requirements regarding prior treatment as outlined in the guidelines is not provided. Therefore, the request cannot be considered medically necessary at this time based on the provided records.