

Case Number:	CM15-0207087		
Date Assigned:	10/23/2015	Date of Injury:	08/03/2001
Decision Date:	12/14/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/21/2015

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, North Carolina

Certification(s)/Specialty: Family Practice

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 is a 63 year old female with a date of injury of August 3, 2001. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic or lumbar neuritis or radiculitis, lumbar post laminectomy syndrome, and lumbosacral spondylosis. Medical records (June 5, 2015; July 10, 2015; September 8, 2015) indicate that the injured worker complained of lower back pain, shoulder pain, and hip pain. Records also indicate that the pain was rated at a level of 4 out of 10 at best and 8 out of 10 at worst. The physical exam (June 5, 2015; July 10, 2015; September 8, 2015) reveals decreased range of motion of the lumbo-thoracic spine, tenderness to palpation of the lumbar paraspinous area with spasm, tenderness to palpation of the lumbar facet joints bilaterally, and tenderness to palpation of the thoracic paraspinous area. Treatment has included home exercise and medications (Toviaz, Linzess, Celebrex, Amitriptyline, Zanaflex, and Oxycodone). The utilization review (October 2, 2015) non-certified a request for one medial branch block at T12 and L1 with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medial Branch Block At T12 And L1 With Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medial Branch Blocks.

Decision rationale: ACOEM Guidelines state that medial branch blocks (MBB) are of "questionable merit." ODG was referenced. It is not clear whether the requested MBB is for symptomatic relief or for diagnostic purposes. These blocks are limited to patients with non-radicular pain. In this case, there is no objective evidence of facet arthropathy on MRI. There is no documentation of pain with lumbar extension and rotation. There is also no evidence that facet arthropathy is the pain generator for this patient's chronic low back pain. There are no documentation of neurologic deficits. The patient appears to be experiencing significant symptom relief with conservative measures at this time. Therefore the request for a MBB is not medically necessary or appropriate.