

Case Number:	CM15-0020564		
Date Assigned:	02/10/2015	Date of Injury:	07/08/2008
Decision Date:	03/26/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/04/2015

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: New Jersey, New York
 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:

The injured worker is a 60 year old male, who sustained an industrial injury on July 8, 2008. The diagnoses have included chronic low back pain, degenerative lumbar scoliosis, L3-L4 lateral listhesis, foraminal stenosis at L4-L5 and L3-L4, and chronic neck pain. Treatment to date has included medication, epidural steroid injection and physical therapy. Currently, the injured worker complains of chronic back pain. The injured worker reports continuing pain in the right lower extremity. It radiates from the right SI joint through the buttock onto the anterior thigh to the knee. On examination, the injured worker was tender to palpation over the midline lumbar spine and the bilateral sacral iliac joints. His lumbar range of motion was 25% of normal and he exhibited pain on the extremes. An MRI of the lumbosacral spine 12/5/2014 revealed worsening degenerative changes of L2-3 and he had developed a much more significant scoliosis with segmental collapse at L2-3 with foraminal stenosis and lateral recess narrowing. There were severe degenerative changes at L3-4 and L4-5. On January 13, 2015 Utilization Review non-certified a request for L3-4, L4-5 and L5-S1, noting that there is limited evidence of ongoing facet mediated pain and positive provocative testing. Utilization Review also notes that the injured worker has radicular complaints in L3-L4, L4-L5 and L5-S1 distribution and there is limited report that this was address to consider lumbar medial branch block. The California Medical Treatment Utilization Schedule referenced ACOEM was cited. On February 4, 2015, the injured worker submitted an application for IMR for review of medial branch block at bilateral L3-4, 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:

Medial branch block at bilateral L3-4, L4-5 and L5-S1: Upheld

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

Decision rationale: The request is considered not medically necessary. MTUS guidelines do not address this. According to the ODG guidelines, the criteria to perform a nerve block includes back pain that is non-radicular which does not apply to this patient. The patient was documented to have back pain radiating to bilateral lower extremities. He was also documented to have physical therapy again. He had improved initially and was able to perform an exercise regimen but developed pain again. So he has not failed conservative therapy according to the chart. Therefore, the request is considered not medically necessary at this time.