

Case Number:	CM15-0020573		
Date Assigned:	02/10/2015	Date of Injury:	07/24/1998
Decision Date:	03/25/2015	UR Denial Date:	01/20/2015
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 55-year-old female who sustained a work related injury July 24, 1998. She was driving, when her car was rear ended, resulting in severe back pain. Past history included s/p lumbar laminectomy and fusion L5-S1, 1998. According to a secondary treating physician's initial consultation dated December 15, 2014, the injured worker presented with low back pain described as aching, heavy, tender, throbbing, and shooting. Current medication includes Alprazolam and Hydrocodone/APAP. Diagnoses documented as; lumbosacral spondylosis, displacement lumbar disk without myelopathy, degeneration lumbar disk, and post laminectomy syndrome, lumbar. Treatment plan requests authorization for bilateral L-4 medial branch injections and follow-up visit after injections have been performed. According to utilization review dated January 20, 2015, the request for Right L-4 Medial Branch Injection with Fluoroscopy as an outpatient is non-certified, citing MTUS ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 medial branch injection: Upheld

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: 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 radicular pain with imaging findings to corroborate. It is also not clearly documented if the patient has failed a trial of conservative therapy. Therefore, the request is considered not medically necessary.