

Case Number:	CM15-0021980		
Date Assigned:	02/11/2015	Date of Injury:	07/27/2007
Decision Date:	04/10/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/05/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 is a 56 year old male, who sustained an industrial injury on July 27, 2007. The injured worker has reported low back pain. The diagnoses have included lumbago, chronic pain syndrome and radicular syndrome thoracic and lumbosacral. Treatment to date has included pain medication, lumbar MRI, a lumbar fusion on July 3, 2014, lumbar spine x-rays and physical therapy. Current documentation dated January 28, 2015 notes that the injured worker was seen in follow-up status post lumbar fusion. He continued to report low back pain just below the fusion. The leg pain had resolved. Physical examination of the lumbar spine revealed tenderness in the midline and sacroiliac joints. Range of motion was limited due to surgical discomfort. Left lower extremity examination revealed a diminished sensation to pin prick in the lateral thigh and foot. On February 4, 2015 Utilization Review non-certified requests for a right lumbar four medial branch block, left lumbar four medial branch block, right lumbar five medial branch block and a left lumbar five medial branch block. The Official Disability Guidelines were cited. On February 5, 2015, the injured worker submitted an application for IMR for review of a right lumbar four medial branch block, left lumbar four medial branch block, right lumbar five medial branch block and a left lumbar five medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 medial branch block: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter (updated 5/10/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: The ACOEM Guidelines support the use of diagnostic medial branch block before attempting a radiofrequency neurotomy of facet joint nerves in the lower back in select cases. The submitted and reviewed documentation indicated the worker was experiencing lower back pain despite treatment with surgery on 07/03/2014. These records reported that if the trial procedure decreased the worker's pain, then a neurotomy would be considered in order to improve the worker's pain intensity and function. More conservative management had provided limited benefit. In light of this supportive evidence, the current request for right L4 medial branch block is medically necessary.

Left L4 medial branch block: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter (updated 5/10/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: The ACOEM Guidelines support the use of diagnostic medial branch block before attempting a radiofrequency neurotomy of facet joint nerves in the lower back in select cases. The submitted and reviewed documentation indicated the worker was experiencing lower back pain despite treatment with surgery on 07/03/2014. These records reported that if the trial procedure decreased the worker's pain, then a neurotomy would be considered in order to improve the worker's pain intensity and function. More conservative management had provided limited benefit. In light of this supportive evidence, the current request for left L4 medial branch block is medically necessary.

Right L5 medial branch block: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter (updated 5/10/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: The ACOEM Guidelines support the use of diagnostic medial branch block before attempting a radiofrequency neurotomy of facet joint nerves in the lower back in select

cases. The submitted and reviewed documentation indicated the worker was experiencing lower back pain despite treatment with surgery on 07/03/2014. These records reported that if the trial procedure decreased the worker's pain, then a neurotomy would be considered in order to improve the worker's pain intensity and function. More conservative management had provided limited benefit. In light of this supportive evidence, the current request for right L5 medial branch block is medically necessary.

Left L5 medial branch block: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter (updated 5/10/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: The ACOEM Guidelines support the use of diagnostic medial branch block before attempting a radiofrequency neurotomy of facet joint nerves in the lower back in select cases. The submitted and reviewed documentation indicated the worker was experiencing lower back pain despite treatment with surgery on 07/03/2014. These records reported that if the trial procedure decreased the worker's pain, then a neurotomy would be considered in order to improve the worker's pain intensity and function. More conservative management had provided limited benefit. In light of this supportive evidence, the current request for left L5 medial branch block is medically necessary.