

Case Number:	CM15-0024562		
Date Assigned:	02/17/2015	Date of Injury:	03/25/2008
Decision Date:	03/27/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female who sustained an industrial injury on 3/25/08. The injured worker reported symptoms in the back. The diagnoses included cervical spine/trapezial chronic sprain, with myofascitis, right elbow medial epicondylitis, right wrist tenosynovitis, lumbosacral spine sprain/strain, right knee internal derangement, let knee internal derangement, left ankle posterior tibial tendinitis. Treatments to date include status post right knee arthroscopic surgery on 2/14/11, status post left knee arthroscopic surgery on 5/9/11, and oral pain medications. In a progress note dated 11/14/14 the treating provider reports the injured worker was with "tenderness to palpation over the right posterior superior iliac spine, right lumbosacral facet joint...Range of motion is limited and painful with flexion and extension maneuvers." On 1/12/15 Utilization Review non-certified the request for a bilateral L4-S1 medial branch nerve block. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 median branch nerve block: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections)

Decision rationale: Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. No more than two facet joint levels should be injected in one session. The requested medial branch blocks would target two levels, at L4/5 and L5/S1. In this case, the criteria are met and therefore the requested medial branch blocks are medically necessary.