

Case Number:	CM15-0026591		
Date Assigned:	02/19/2015	Date of Injury:	11/16/1994
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/12/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 52 year old male with an industrial injury date of 11/15/1994. On 11/04/2014 the injured worker presented for follow up complaining of pain in the back radiating down to the bilateral lower extremities. He rates the pain as 7/10 without medications and 1/10 with medications. Physical exam revealed pain with lumbar spine range of motion. Prior treatment includes steroid injections, physical therapy, chiropractic treatments, medial branch blocks and medications. Diagnosis was lumbosacral spondylosis without myelopathy and displacement of lumbar intervertebral disc without myelopathy. On 01/16/2015 the request for 2 bilateral lumbar 3, lumbar 4 and lumbar 5 medial branch blocks was non-certified by utilization review. ACOEM and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Bilateral L3, L4, L5 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: This 52 year old male has complained of low back pain since date of injury 11/15/94. He has been treated with medial branch blocks, chiropractic therapy, steroid injections, physical therapy and medications. The current request is for 2 bilateral L3, L4, L5 medial branch blocks. Per the MTUS guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. On the basis of the above cited MTUS guidelines, the request for 2 bilateral L3, L4, L5 medial branch blocks is not indicated as medically necessary.