

Case Number:	CM15-0028076		
Date Assigned:	02/20/2015	Date of Injury:	09/15/1985
Decision Date:	04/15/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/13/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This 58-year-old female reported a work-related injury on 09/15/1985. According to the Primary Treating Physician's Legal Report to Address A Utilization Review Denial dated 10/28/14, the injured worker (IW) was seen 10/6/14; she reported a 90% decrease in low back pain after bilateral L4-5 and left L5-S1 transforaminal epidural steroid injections on 9/22/14. Diagnoses include cervical spine surgery; status post right carpal tunnel release; bilateral forearm and wrist flexor and extensor tendinitis; status post right elbow surgery; shoulder strain/tendinitis/acromioclavicular joint arthralgia/impingement; lumbar spine sprain/strain with bilateral sacroiliac joint dysfunction and bilateral lower extremity radiculopathy and bilateral knee patellofemoral arthralgia. Previous treatments include medications, epidural steroid injections and carpal tunnel surgery. The treating provider requests lumbar spine medial branch blocks (facet) at L4, L5 and S1. The Utilization Review on 02/11/2015 non-certified the request for lumbar spine medial branch blocks (facet) at L4, L5 and S1, citing ACOEM and ODG recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar spine medial branch blocks (facet) L4, 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, 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 ODG, Low Back, Facet Diagnostic Blocks.

Decision rationale: The attached medical record includes a note dated October 27, 2014 which is an appeal for lumbar epidural steroid injections. This note does reveal abnormal physical examination findings consistent with a radiculopathy. Find indicates that the criteria for diagnostic blocks include that the patient have low back pain that is nonradicular. Additionally, no more than two facet joint levels are recommended to be injected at any one time. As such, this request for a lumbar spine medial branch block at L4, L5, and S1 is not medically necessary.