

Case Number:	CM15-0210347		
Date Assigned:	10/30/2015	Date of Injury:	05/18/2012
Decision Date:	12/10/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/26/2015

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, Oregon,
 Washington Certification(s)/Specialty: Orthopedic
 Surgery

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 54 year old male who sustained an industrial injury on 5-18-12. The medical records indicate that the injured worker has been treated for chronic lumbosacral sprain, discogenic disease with sciatica, and L4-5 spondylolisthesis; obesity; herniated nucleus pulposus at L3-4. He currently (10-6-15) complains of stabbing, burning sensation across his lower back extending down the right buttock into the right leg terminating at the ankle with numbness and weakness; he has some numbness along the left posterior thigh to the knee with slight pain. The physical exam revealed pain along the lumbosacral junction to the left and right side, decreased range of motion due to pain. Diagnostics include MRI of the lumbar spine (3-8-15) showing grade 1 spondylolisthesis and bilateral spondylosis at L5-S1, disc herniation and bulge with disc protrusion at L3-4 and L4-5. Treatments to date include L3-4 transforaminal epidural steroid injection (3-8-15) with excellent results his was pain free immediately post-operative; transforaminal epidural steroid injection at left L3-4 and L4-5 (8-4-15) with limited benefit; 6 physical therapy sessions without much benefit; lumbar brace; medications: Baclofen, hydrocodone, ibuprofen. The request for authorization dated 9-21-15 was for medial branch block. On 10-15-15 Utilization Review non-certified the requests for medial branch block at L4-5; medial branch block at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), 5th Edition: Low Back- Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back / Facet joint medial branch block (therapeutic injections).

Decision rationale: CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints (physical methods), page 300 states that "lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." The use of diagnostic facet blocks require that the clinical presentation to be consistent with facet-mediated pain. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case the exam note from 10/6/15 demonstrates radicular complaints. Therefore the determination is for non-certification. Per ODG Low Back / Facet joint medial branch block (therapeutic injections) medial branch blocks are "not recommended except as a diagnostic tool. Minimal evidence for treatment." As this procedure is not recommended per ODG guidelines, the recommendation is not medically necessary.

Medial branch block L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), 5th Edition: Low Back- Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back / Facet joint medial branch block (therapeutic injections).

Decision rationale: CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints (physical methods), page 300 states that "lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks."The use of diagnostic facet blocks require that the clinical presentation to be consistent with facet-mediated pain. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case the exam note from 10/6/15 demonstrates radicular complaints. Therefore the determination is for non-certification.Per ODG Low Back / Facet joint medial branch block (therapeutic injections) medial branch blocks are "not recommended except as a diagnostic tool. Minimal evidence for treatment." As this procedure is not recommended per ODG guidelines, the recommendation is not medically necessary.