

Case Number:	CM15-0210562		
Date Assigned:	10/29/2015	Date of Injury:	01/28/2004
Decision Date:	12/23/2015	UR Denial Date:	09/25/2015
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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male, who sustained an industrial injury on 1-28-2004. Medical records indicate the worker is undergoing treatment for low back pain with sciatica, lumbosacral spondylosis and mood disorder. A recent progress report dated 9-3-2015, reported the injured worker complained of lumbosacral pain radiating to the right lateral thigh, rated 7 out of 10. Physical examination revealed lumbosacral tenderness to palpation, no spasm noted and restricted lumbar range of motion with painful extension. Lumbar magnetic resonance imaging showed multilevel disc protrusions. Treatment to date has included 4 epidural steroid injections without relief, physical therapy and medication management. The physician is requesting Bilateral Lumbar 4-5 diagnostic facet injections MBB (medial branch blocks). On 9-25-2015, the Utilization Review noncertified the request for Bilateral Lumbar 4-5 diagnostic facet injections MBB (medial branch blocks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 diagnostic facet injections MBB (medial branch blocks): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (acute & chronic).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004,
Section(s): Physical Methods.

Decision rationale: ACOEM concludes that invasive lumbar techniques such as facet injections are of questionable merit. The records do not provide an alternate rationale in support of the requested treatment. Moreover the records do not document a history and exam strongly suggestive of facet-mediated pathology. Particularly given the chronicity of this injury, the likelihood of benefit from facet or medial branch block injections at this time is low. This request is not medically necessary.