

Case Number:	CM15-0223072		
Date Assigned:	11/19/2015	Date of Injury:	12/31/2005
Decision Date:	12/30/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	11/12/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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-work injury on 12-31-05. The injured worker was diagnosed as having axial low back pain. Treatment to date has included medication: Oxycodone; surgery (fusion at L4-5, L5-S1 with revision), sacroiliac joint injection (temporary effect), and physical therapy (some improvement). MRI results were reported on 1-30-13, post interbody fusion, severe central stenosis at L2-3, diffuse disc protrusion at L2-3, residual facet hypertrophy at L3-4 and L4-5, facet arthrosis at L2-3 and L5-S1, and fatty atrophy of the multifidi at L3-S1. Currently, the injured worker complains of increased low back pain that radiates into the right leg with adjustment in medications. Per the primary physician's progress report (PR-2) on 9-30-15, exam noted no evidence of increased sedation, tenderness to lumbar sacroiliac region bilaterally, right greater than left, lumbar extension was more painful than lumbar flexion, negative straight leg raise, positive Patrick's maneuver, Yeoman's maneuver, and Gaenslen's maneuver bilaterally, normal muscle strength, and sensory exam was intact in lower extremities. Gait was normal. The Request for Authorization requested service to include Bilateral S1, S2, and S3 lateral branch block with Lidocaine then Marcaine. The Utilization Review on 10-10-15 denied the request for Bilateral S1, S2, and S3 lateral branch block with Lidocaine then Marcaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1, S2, and S3 lateral branch block with Lidocaine then Maracaine: 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, Facet Joint Diagnostic Blocks.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 36.

Decision rationale: According to the guidelines, blocks are not recommended due to their short term benefit. When performed, medical branch blocks are recommended for those without radiculopathy and fusion. In this case, the claimant had undergone a fusion. Lateral blocks are not supported by the guidelines. The request for the blocks is not medically necessary.