

Case Number:	CM15-0040166		
Date Assigned:	03/10/2015	Date of Injury:	04/15/2010
Decision Date:	05/05/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/03/2015

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, District of Columbia
 Certification(s)/Specialty: Internal Medicine

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 57-year-old male, who sustained an industrial injury on 4/15/2010. He reported neck and low back pain. He was diagnosed as having lumbar facet arthropathy. Treatment to date has included diagnostic imaging, medications, transforaminal epidural steroid injection (7/6/2012), physical therapy, chiropractic treatment, acupuncture, and right knee surgery (2000). Per the Primary Treating Physician's Progress Report dated 9/18/2014, the injured worker reported persistent aching low back pain. He has intermittent shooting pain down into the lower extremities to thigh level, usually when walking. Physical examination revealed tenderness to palpation of the bilateral paraspinals L1-S5, left greater than right, and hyper tonicity of the bilateral paraspinals L2-S1, left greater than right. There was very limited lumbar range of motion upon extension and flexion. Urine drug screen (UDS) returned positive for PCP, oxycodone, barbiturates, and morphine. The injured worker reported acquiring them off the street because he was not able to get into see the pain physician. He agreed to sign a pain contract. The plan of care included medications: Fenoprofen, Norco, MS Contin, physical therapy, and a medial branch block. Authorization was requested on 9/18/2014 for lumbar medial branch block injection at L3-4, L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Block Injection Bilateral L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain, lumbar and thoracic, Facet joint injections, diagnostic.

Decision rationale: The patient's complaints included low back pain with occasional radiation to the lower extremities, bilateral shoulder pain and right elbow pain. Pertinent positive examination findings were facet area tenderness, bilateral lumbar facet loading and pain with active range of motion without findings of radiculopathy. He reported that he had a previous TFESI bilaterally at L4 and L5, which provided only a few days of relief. He was taking 5-7 Norco per day. The request was for bilateral L3-4, L4-5 and L5-S1 lumbar medial branch block injections. According to ODG, facet joint medial branch diagnostic blocks are recommended for low back pain that is non-radicular and at no more than two levels bilaterally. There should be documentation of failure of conservative treatment. The employee had chronic facet joint mediated low back pain that failed to improve with multiple conservative options. But the request was for medial branch blocks at three levels bilaterally, which is not medically necessary or appropriate per guideline recommendations.