

Case Number:	CM15-0041035		
Date Assigned:	03/11/2015	Date of Injury:	05/06/2010
Decision Date:	04/17/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/04/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49-year-old female, who sustained an industrial injury on May 6, 2010. The injured worker was diagnosed as having lumbar disc displacement, lumbar sprain/strain, and lumbar herniated nucleus pulposus. Treatment to date has included medications and laboratory evaluations. Currently, the injured worker complains of sharp neck, mid back, low back and bilateral shoulder pain. She reports cramping and numbness sensation and radiation of pain from the neck to both legs. She reports weakness of the bilateral upper and lower extremities. The pain is described as constant and severe. On examination, the injured worker has tenderness to palpation of the spinous process at L5, S1 and spasms of the lumbar spine. Her range of motion is limited and she has hypoesthesia of the left L4 and L5. The treatment plan included bilateral medial branch blocks of L4-and L5-S1, electrodiagnostic studies upper and lower extremities, cervical epidural injection and subacromial shoulder injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block at L4-L5 and 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Facet Signs and Symptoms Facet MBB's.

Decision rationale: MTUS Guidelines does not address this issue in adequate detail for review purposes. ODG Guidelines addresses this issue in detail and recommends that specific exam finding be present to justify possible facet procedures. The key exam finding is not documented to be present. In addition, the Guidelines state that a concurrent radicular pain pattern be ruled out. The requesting physician notes leg hypothesia and considers possible electrodiagnostics which suggests a possible radicular pattern. Under these circumstances, Guidelines do not support the requested bilateral L4-5, L5-S1 medical brach blocks.