

Case Number:	CM15-0041817		
Date Assigned:	03/12/2015	Date of Injury:	01/13/1998
Decision Date:	04/21/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/05/2015

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:

This 66-year-old male sustained an industrial injury to the back and neck on 1/13/98. Previous treatment included magnetic resonance imaging, physical therapy, spinal cord stimulator and a medial branch block. In a PR-2 dated 2/11/15, the injured worker complained of an exacerbation of chronic low back pain. The injured worker reported that current pain medications were helping with pain and function. The injured worker was requesting a repeat lumbar medial branch block. The physician noted that the injured worker had significant long term relief from previous medial branch block. Physical exam was remarkable for tenderness to palpation of the cervical spine and lumbar spine paraspinals with decreased range of motion as well as intact sensation and full strength to bilateral upper extremities and lower extremities. Current diagnoses included lumbar spondylosis, lumbar degenerative disc disease, cervical disc displacement without myelopathy and cervical spondylosis. The injured worker received trigger point injections during the office visit. The treatment plan included continuing physical therapy, continuing medications (Norco, Cyclobenzaprine, Omeprazole and Promolaxins) and bilateral medial branch blocks at L3, 4, 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medical branch blocks at L3, 4, 5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 3001, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) low back, lumbar & thoracic) (acute & chronic).

MAXIMUS guideline: Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. Bilateral medial branch blocks at L3, 4, 5 are not medically necessary.