

Case Number:	CM15-0041841		
Date Assigned:	03/12/2015	Date of Injury:	10/19/2010
Decision Date:	04/21/2015	UR Denial Date:	02/06/2015
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:

The injured worker is a 34-year-old male, with a reported date of injury of 10/19/2010. The diagnoses include lumbar spondylosis, lumbar facet joint arthropathy, lumbar facet joint pain, displacement of lumbar intervertebral disc without myelopathy, low back pain, myositis, and chronic pain syndrome. Treatments to date have included diagnostic bilateral L3, L4, and L5 medial branch block on 12/31/2014, oral medications, home exercise program, yoga, Pilates, x-rays of the lumbar spine, an MRI of the lumbar spine, and physical therapy. The medical report dated 01/16/2015 indicates that the injured worker complained of low back pain. He was status post a diagnostic bilateral L3, L4, and L5 medial branch block, and reported 50% improvement after the procedure. The pain returned and the injured worker wanted to discuss further treatment options. The physical examination showed a non-antalgic gait, full lumbar active range of motion, mildly positive bilateral facet loading, sensory was intact to light touch in the lower extremity dermatomes, and tenderness over the bilateral lower lumbar facet joints. The treating physician requested bilateral L3, L4, and L5 medial branch block. It was noted that the confirmatory diagnostic blocks were requested, and if positive, the plan was to proceed with radiofrequency ablation for the bilateral L4-5 and L5-S1 facet joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Block, Lumbar L3, L4 & L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines: 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. The patient has already undergone diagnostic blocks. There is no documentation in the medical record that the patient is a surgical candidate or is authorized for ablation at this time. Bilateral Medial Branch Block, Lumbar L3, L4 & L5 is not medically necessary.