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| Case Number: | CM15-0045997 | | |
| Date Assigned: | 03/18/2015 | Date of Injury: | 03/01/2010 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/05/2015 |
| Priority: | Standard | Application Received: | 03/11/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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(n) 53-year-old male, who sustained an industrial injury on 3/1/10. He reported pain in the neck and back. The injured worker was diagnosed as having neck sprain, lumbosacral sprain and brachia neuritis. Treatment to date has included epidural steroid injections, cervical MRI and pain medications. As of the PR2 dated 12/23/14, the injured worker reports 3/10 pain in the neck following an epidural injection at C7-T1. He is still having 5-6/10 lumbar spine pain that makes him immobile and would like an injection for the area also. The treating physician noted that the lumbar pain was likely facet arthropathy. The treating physician requested bilateral L3-L5 medial branch blocks for diagnostic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L5 Medial Branch Blocks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

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, facet joint diagnostic blocks.

Decision rationale: I respectfully disagree with the UR physician. The injured employee has a history of receiving previous epidural steroid injections, which were stated to be beneficial. However, the progress note dated December 23, 2015 includes a complaint of low back pain without a complaint of radicular symptoms. There was a positive facet loading testing on physical examination and decreased range of motion secondary to pain. Considering the presence of facet-mediated pain, this request for bilateral L3-L5 medial branch blocks is medically necessary.