

Case Number:	CM15-0046903		
Date Assigned:	03/19/2015	Date of Injury:	12/11/2004
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/12/2015

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 52-year-old female, who sustained an industrial injury on 12/11/04. The injured worker has complaints of low back pain. The documentation on 1/20/15 noted that the injured worker reported that at the end of December she was in severe pain due to standing on her feet a lot and took more pain medications 5X/day than what was prescribed and she ran out of medication one week early. She stated she had tried calling the office but the office was closed due to holidays. The examination reveals lumbar spine decreased range of motion, tenderness on palpation of facet joints in lumbar levels, along with pain worse on extension and pain with facet loading bilaterally. The 11/12/14 urine drug screen was consistent with medications prescribed. The diagnoses have included disc disorder lumbar; lumbar facet syndrome; lumbar radiculopathy and spinal/lumbar degenerative disc disease. The requested treatment is for Bilateral L3-5 medical branch blocks (2 sets of diagnostics) and Ibuprofen 600 mg #60 and Norco 1mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-5 medical branch blocks (2 sets of diagnostics): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-low back chapter, pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint diagnostic blocks.

Decision rationale: While the progress note dated January 20, 2015 includes complaints of back pain including pain with facet provocative maneuvers, it is unclear why there is request for two sets of diagnostic medial branch blocks. According to the official disability guidelines only one injection is indicated to make a diagnosis of facet related pain. This request for two sets of bilateral L3 - L5 medial branch blocks is not medically necessary.