

Case Number:	CM15-0048376		
Date Assigned:	03/20/2015	Date of Injury:	09/06/2007
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 68 year old male, who sustained an industrial injury on 9/6/07. He reported low back injury. The injured worker was diagnosed as having lumbar facet arthropathy and hypertrophy, axial back pain, L5-S1 fusion, lumbago, muscle spasm, myalgia, insomnia due to chronic nighttime pain and gastro esophageal reflux disease symptoms due to medications. Treatment to date has included lumbar fusion, physical therapy, home exercise program, activity modification and oral medication. Currently, the injured worker complains of low back pain. The injured worker states his pain is improved with rest and medication; he currently takes Naproxen, Flexeril and Norco. He has tried and failed physical therapy for pain without improvement. The current treatment plan consists of bilateral lumbar 3, 4 and 5 medial branch block injections and refill of compound topical pain cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, and L5 Medial Branch Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Injection.

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-Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. He has a history of a lumbar fusion at L5/S1. The requesting provider documents decreased range of motion with pain including on extension of the spine. In terms of facet blocks, guidelines indicate that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the claimant has a history of an L5/S1 fusion and the L4 and L5 medial branches are to be included in the planned procedure. The request is therefore not medically necessary.