

Case Number:	CM15-0048530		
Date Assigned:	03/20/2015	Date of Injury:	09/25/1999
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 66 year old female, who sustained an industrial injury on 09/29/1999. She has reported injury to the low back. The diagnoses have included lumbar radiculitis; lumbosacral spondylosis; and myofascial muscle pain. Treatment to date has included medications, lumbar transforaminal epidural steroid injection, physical therapy, and surgical intervention. A progress report from the treating provider, dated 02/24/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of low back pain with left lower extremity radicular pain. Objective findings included point tenderness at lumbar L2-3 and L3-4 with pain reproduced with posterior loading maneuvers of the spine. The treatment plan included left L3-4 transforaminal epidural injection under fluoroscopy on that day. The current request is for 2 bilateral lumbar medial branch blocks at the levels of L2-L3 and L3-L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 BILATERAL LUMBAR MEDICAL BRANCH BLOCKS AT THE LEVELS OF L2-L3 AND L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287.

Decision rationale: This is a 66 year-old patient with low back pain (LBP) following an injury in 1999. Her current diagnosis is lumbar radiculitis, lumbar spondylosis and myofascial pain. As noted above, she has underwent an L4-S1 fusion and 2 epidural steroid injections(ESI) at L3-L4 on the left which resulted in improvement of her symptoms. The request is for 2 diagnostic bilateral lumbar medial branch blocks (MBB) at L2-3 and L3-4. The request for lumbar facet blocks does not fulfill the criteria for facet pathology since this patient has radiating low back pain, a positive straight-leg raising test on examination and a favorable response to prior ESI. Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy. The medical necessity for two bilateral lumbar MBB is not substantiated. Therefore, the request is not medically necessary.