

Case Number:	CM15-0049934		
Date Assigned:	03/23/2015	Date of Injury:	02/24/2014
Decision Date:	05/08/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/16/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old male who sustained an industrial injury on 2/24/14. The injured worker reported symptoms in the back, buttock and lower extremities. The injured worker was diagnosed as having displaced lumbar intervertebral disc, myalgia/myositis, thoracic/lumbar neuritis, and chronic pain syndrome. Treatments to date have included oral pain medication, muscle relaxants, nonsteroidal anti-inflammatory drugs, epidural steroid injection, chiropractic treatments, and activity modification. Currently, the injured worker complains of lower back pain with radiation to the buttocks and lower extremities. The plan of care was for medial branch blocks and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar diagnostic/therapeutic medial branch blocks at L4-5/L5-S1 times one, MAC anesthesia: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: ACOEM Guidelines state that invasive techniques of the lumbar spine are of questionable merit. In this case, the request is for medial branch blocks at L4-5 and L5-S1; however, the patients treating diagnoses include lumbar neuritis. The patient was reported to have back pain, radicular to the lower extremities. Particularly in the setting of radicular symptoms, the medical history does not suggest signs and symptoms consistent with facet-mediated disease. Thus, in this setting the medical records and treatment guidelines do not suggest a probable benefit from the requested medial branch blocks. This request is not medically necessary.