

Case Number:	CM15-0053514		
Date Assigned:	03/27/2015	Date of Injury:	04/27/2011
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/20/2015

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
Certification(s)/Specialty: Emergency Medicine

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 54-year-old male, with a reported date of injury of 04/27/2011. The diagnoses include lumbar facet degenerative joint disease and lumbar central disc protrusion. Treatments to date have included an MRI of the lumbar spine and oral medications. The comprehensive follow-up visit dated 03/06/2015 indicates that the injured worker had low back pain, radiating to the mid-back and neck. He occasionally had radicular pain in the leg. The injured worker rated his pain 7-8 out of 10. The objective findings include increased lumbar lordosis; restricted lumbar range of motion; paravertebral muscle spasm and localized tenderness in the lumbar facet joint; positive hyperextension maneuver of the lumbar spine; non-dermatomal diminished sensation to light touch in the right leg; and positive bilateral sitting straight leg raise test. The treating physician requested bilateral L4-5 medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 medial branch blocks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The requested Bilateral L4-L5 medial branch blocks , is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back -Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has low back pain, radiating to the mid back and neck. The treating physician has documented lumbar lordosis; restricted lumbar range of motion; paravertebral muscle spasm and localized tenderness in the lumbar facet joint; positive hyperextension maneuver of the lumbar spine; non-dermatomal diminished sensation to light touch in the right leg; and positive bilateral sitting straight leg raise test. The treating physician does not document the intention of proceeding with a subsequent facet neurotomy if the diagnostic blocks produce the required positive result and also has well documented presence of radiculopathy. The criteria noted above not having been met, Bilateral L4-L5 medial branch blocks is not medically necessary.