

Case Number:	CM15-0054779		
Date Assigned:	03/30/2015	Date of Injury:	05/09/2014
Decision Date:	05/06/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
 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 45-year-old male who sustained a work related injury on May 9, 2014, tripped and fell carrying heavy equipment injuring his low back. He was diagnosed with thoracic and lumbosacral neuritis, stenosis and radiculopathy. Treatment included activity modifications, physical therapy, epidural steroid injections, Transcutaneous Electrical Nerve Stimulation (TENS), home exercise program and medications. Currently, the injured worker complained of lower back pain radiating down the legs. The treatment plan that was requested for authorization included a right lumbar, sacral medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar L4, L5, Sacral S1, Medial Branch Block: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Low Back chapter: Facet joint medial branch blocks.

Decision rationale: The patient presents with lumbar radiculopathy. The current request is for Right Lumbar L4, L5 Sacral S1, Medial Branch Block. The treating physician states, "Lumbar Radiculopathy, MBB. The patient is complaining of pain located in the low back. The pain is described as aching, burning, cramping. The pain radiates down the legs." (32B) An MRI study reveals protrusion at L3-4 with right foraminal stenosis and protrusion at L4-5 & L5-S1 with bilateral foraminal stenosis. (35B) The ODG guidelines state for MBB there should be no evidence of radicular pain, spinal stenosis, or previous fusion. In this case, the treating physician has clearly documented that the patient has lumbar radiculopathy and spinal stenosis, which ODG guidelines do not recommended this type of injection. The current request is not medically necessary and the recommendation is for denial.