

Case Number:	CM15-0058137		
Date Assigned:	04/02/2015	Date of Injury:	07/08/2010
Decision Date:	05/04/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/26/2015

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 51 year old male, who sustained an industrial injury on 7/8/2010. He reported injury of the right knee and low back, due to a slip and fall. The injured worker was diagnosed as having lumbar facet arthropathy, lumbar stenosis, lumbar myofascial strain, lumbago, lumbar degenerative disc disorder, and lumbar radiculitis. Treatment to date has included urine drug screening, medications, right knee surgery, chiropractic care, and ice and heat applications. On 1/6/2015, he is seen for pain of the low back. He was not seen by a doctor for 4 months after the accident. He currently rates his low back pain as 8/10 on a pain scale. He indicates walking and prolonged activity aggravates his pain. He completed 8 sessions of chiropractic care, which is reported to have provided minimal relief. He had a medial branch block at L3-4, L4-5 and L5-S1 on 12/19/2013, which is indicated to have given 70% pain relief. The request is for a lumbar medial branch block at level of the right L3-L4, L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar medial branch blocks at Levels of the Right L3-L4, L4-L5 and L5-S1: 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, Facet joint medial branch blocks (therapeutic injections).

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), Lumbar Facet joint diagnostic blocks (injections).

Decision rationale: The claimant is nearly 7 years status post work-related injury and continues to be treated for chronic low back pain. He underwent right lumbar medial branch blocks on 12/19/13 with reported 70% pain relief last for 3-4 hours. Guidelines recommend that no more than one set of medial branch diagnostic blocks be performed prior to facet neurotomy. A positive response to a diagnostic block includes a response of at least 70% pain relief lasting at least 2 hours for Lidocaine. In this case, the claimant has already undergone a positive diagnostic block and can proceed to medial branch radiofrequency ablation treatment without a second block. The requested second block is therefore not medically necessary.