

Case Number:	CM15-0058253		
Date Assigned:	04/17/2015	Date of Injury:	06/02/2000
Decision Date:	05/20/2015	UR Denial Date:	02/26/2015
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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59-year-old female, who sustained an industrial injury on 04/30/2001. She has reported subsequent back, neck, knee, hip and upper and lower extremity pain and was diagnosed with chondromalacia of the patella, sciatica, degeneration of cervical intervertebral disc, reflex sympathetic dystrophy and lumbosacral spondylosis. Treatment to date has included oral pain medication, physical therapy, acupuncture and multiple lumbar and cervical epidural steroid injections. In a progress note dated 01/15/2015, the injured worker complained of continued low back pain which was rated as 10/10 with medication and 3/10 with medication. Objective findings were notable for tenderness to palpation of the cervical and lumbar paraspinal muscles, pain with range of motion, positive lying and sitting straight leg raise, an antalgic gait, lumbar spasm and decreased left lower extremity strength. A request for authorization of 2nd right medial branch block at L5 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Right Medial Branch Block L5 under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/

Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 02/13/14) Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems Facet joint diagnostic blocks (injections).

Decision rationale: The injured worker sustained a work related injury on 04/30/2001. The medical records provided indicate the diagnosis of chondromalacia of the patella, sciatica, degeneration of cervical intervertebral disc, reflex sympathetic dystrophy and lumbosacral spondylosis. Treatment to date has included oral pain medication, physical therapy, acupuncture and multiple lumbar and cervical epidural steroid injections. The medical records provided for review do not indicate a medical necessity for Second Right Medial Branch Block L5 under Fluoroscopic Guidance. The records indicate the injured worker had 80% pain reduction for about 14 hours followed by about 50% pain reduction for about 20 hours following a previous diagnostic lumbar medial branch block. The MTUS is silent on medial branch block, but recommends against facet joint injections. The Official Disability Guidelines recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy.