

Case Number:	CM15-0062177		
Date Assigned:	04/08/2015	Date of Injury:	03/24/1997
Decision Date:	05/07/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/01/2015

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(n) 55 year old male, who sustained an industrial injury on 3/24/97. He reported initial complaints of lower back down. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy; lumbar postlaminectomy syndrome; neuralgia, neuritis and radiculitis; abdominal pain. Treatment to date has included status post lumbar discectomy fusion L4, L5 and S1 (2000); status post removal of lumbar hardware (2001); injections; physical therapy/TENS unit; MRI lumbar spine (2/19/15); discogram; medication. Currently, PR-2 notes dated 2/17/15 indicated the injured worker complains of low back pain and abdominal pain that goes into his testicles that causes nausea. Other submitted medical documentation indicate the injured worker reports that physical therapy did help and he has noticed an improvement in pain, thus decreasing medication dosages and is interested in discontinuing narcotic medications. Currently, he is taking Percocet 10/325mg tablets and only taking one half; lorazepam; Effexor; OxyContin and Ativan. The provider's treatment plan includes an updated MRI of the lumbar spine (report was submitted dated 2/19/15), to consider a left genital/femoral nerve block for the abdominal pain and Medial branch blocks (MBB) Left L2-L4 in a quantity of 2 due to his axial lumbar pain is worst pain at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block (MBB) Left L2-L4: 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 diagnostic blocks (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), Facet joint diagnostic blocks (injections).

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. When seen, there was radiating pain into the left lower extremity to the calf. Physical examination findings included lower lumbar facet and paraspinal muscle tenderness and pain and decreased range of motion with extension. Criteria for the use of diagnostic blocks for facet-mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has radicular symptoms and therefore the requested lumbar medial branch block procedure is not medically necessary.