

Case Number:	CM15-0081744		
Date Assigned:	05/04/2015	Date of Injury:	12/23/2003
Decision Date:	06/02/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/28/2015

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: 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 65-year-old female, who sustained an industrial injury on 12/23/2003. She reported a trip and fall, landing on her right hand and right side. The injured worker was diagnosed as having low back pain. Treatment to date has included diagnostics, physical therapy, and right hip replacement in 2007 with revision in 2012, lumbar surgery in 2013, left hip surgery in 2012 and 11/2014, mental health treatment, and medications. Currently, the injured worker complains of bilateral axial low back pain, radiating into the gluteal region. An iliolumbar ligament sheath injection helped her local axial back pain (performed prior visit). Medication use included Concerta, Lexapro, Soma, and Vicodin. Work status was total temporary disability. The treatment plan included medial branch blocks, bilaterally at L2-3 and L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2-3, L3-4 medial branch blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

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 medial branch blocks (therapeutic injections).

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. Not recommended except as a diagnostic tool. Minimal evidence for treatment. Bilateral L2-3, L3-4 medial branch blocks is not medically necessary.