

Case Number:	CM15-0082465		
Date Assigned:	05/04/2015	Date of Injury:	07/07/2011
Decision Date:	06/03/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year old male, who sustained an industrial injury on July 7, 2011. He reported headaches and cervical, lumbar, and right knee pain. The injured worker was diagnosed as having post traumatic stress disorder, lumbar 3-4 disc degeneration, and lumbar 2-5 facet arthropathy/disc degeneration. Diagnostic studies to date have included MRI and x-rays. Treatment to date has included a lumbar medial branch block, psychotherapy, spinal injections, and medications including short-acting and long acting opioid, muscle relaxant, antidepressant, and anti-anxiety. On February 18, 2015, the injured worker complains of mid lumbar spine pain. His pain is rated 7-9/10 without pain medication and 6/10 with medications. The physical exam revealed abnormal gait and normal heel-toe swing-through without a limp. There was no weakness on heel-toe walking, tenderness and spasm over the lumbar paraspinal muscles about the lumbar 3-4 and lumbar 4-5 levels, and normal reflexes of the bilateral lower extremities. The bilateral lower extremities motor strength testing was normal, except for decreased strength of left ankle dorsiflexion. The treatment plan includes the continuing his current medications and having pain management take over medication management. The requested treatments are medial branch blocks at the bilateral lumbar 3-sacral 1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Blocks from L3-S1 bilaterally: 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, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic) - Facet joint diagnostic blocks (injections).

Decision rationale: Medial Branch Blocks from L3-S1 bilaterally are not medically necessary per the ACOEM and the ODG guidelines. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There should be no more than 2 facet joint levels are injected in one session. The request for medial branch blocks exceeds the recommended facet block limit per the guidelines therefore this request is not medically necessary.