

Case Number:	CM15-0085361		
Date Assigned:	05/07/2015	Date of Injury:	07/25/2013
Decision Date:	06/11/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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 53 year old male, who sustained an industrial injury on July 25, 2013 while working as a truck driver. The mechanism of injury was not provided. The injured worker has been treated for neck and low back complaints. The diagnoses have included lumbosacral spondylosis without myelopathy, lumbar spinal stenosis with neurogenic claudication, degeneration of cervical intervertebral disc, opioid dependence, cervical/brachial neuritis, and thoracic spondylosis without myelopathy. Treatment to date has included medications, radiological studies, psychological evaluations, physical therapy, pain management, a lumbar fusion and removal of hardware. Current documentation dated April 21, 2015 notes that the injured worker reported neck, right arm, mid back, low back and bilateral lower extremity pain. He also noted muscle spasms in the lower extremities. Examination of the cervical spine revealed moderate pain and a painful and restricted range of motion bilaterally. Special orthopedic testing was noted to be negative. Examination of the lumbar spine revealed paravertebral tenderness and a decreased and painful range of motion. A straight leg raise test and Patrick's test were negative. The injured worker was noted to have an abnormal lordosis. The treating physician's plan of care included a request for a medial branch block bilaterally at lumbar two-lumbar three.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block at bilateral L2-L3: Overturned

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

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), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in July 2013 and continues to be treated for low back pain. Treatments have included a lumbar fusion from L3 to S1 with subsequent removal of hardware. When seen, there was decreased and painful lumbar spine range of motion. Straight leg raising was negative. There was facet joint tenderness above the level of the prior surgery. He had decreased and painful range of motion. An MRI of the lumbar spine in September 2013 had shown adjacent level facet arthropathy. Bilateral medial branch blocks were requested. 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 axial low back pain with positive facet testing and has undergone extensive prior treatments. A single level is being requested which is above the level of the claimant's fusion. The criteria are met and therefore the requested lumbar medial branch block procedure is medically necessary.