

Case Number:	CM15-0085506		
Date Assigned:	05/08/2015	Date of Injury:	09/08/2010
Decision Date:	06/08/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/05/2015

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 59 year old female, who sustained an industrial injury on 9/8/10. She reported pain in her lower back related to a slip and fall accident. The injured worker was diagnosed as having post lumbar laminectomy syndrome and limb pain. Treatment to date has included a right sacroiliac foraminal injection, lumbar fusion, Norco, Zanaflex, physical therapy and a TENs unit. As of the PR2 dated 3/27/15, the injured worker reports 7/10 pain in her lower back. The treating physician noted a negative straight leg raise test, decreased range of motion in the lumbar spine and tenderness to palpation are L5-S1 facet joints. The treating physician requested bilateral medial branch blocks at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 and L5-S1 bilateral medial branch blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Medial Branch Block Section.

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 September 2009 and can teach to be treated for low back pain. Treatments included a lumbar fusion at L5/S1 in January 2014. When seen, there was decreased lumbar spine range of motion with facet joint tenderness. Facet loading was positive bilaterally. In terms of facet blocks, guidelines indicate that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the claimant has a history of an L5/S1 fusion and this level is to be included in the planned procedure. The request is therefore not medically necessary.