

Case Number:	CM15-0086333		
Date Assigned:	05/11/2015	Date of Injury:	04/22/2010
Decision Date:	06/15/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/06/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 (IW) is a 43-year-old female who sustained an industrial injury to the left upper extremity, neck and lower back on 04/22/2010 due to a fall. Diagnoses include lumbar herniated nucleus pulposus, lumbar myofascial strain and lumbar radiculopathy. Treatments to date include medications, physical therapy, chiropractic care, psychotherapy, TENS, right L4-5 and L5-S1 lumbar microdiscectomy, epidural steroid injections and medial branch nerve blocks at L4-5 and L5-S1. MRI of the lumbar spine was performed as well as electrodiagnostic studies (EMG) of the lower extremities; the MRI showed facet arthropathy and retrolisthesis at L4-5 and L5-S1 and the EMG was negative for lumbar radiculopathy. According to the progress notes dated 4/29/15, the IW reported constant stabbing pain with a burning sensation in the center of the low back rated 8/10. The pain radiated to the bilateral lower extremities, greater on the right, with spasms in the left calf and numbness, tingling and coldness in both feet and all digits. On exam, straight leg raise was positive on the right. Facet loading was negative. A request was made for medial branch blocks of L4-5 and L5-S1 for facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block of L4-5 and L5-S1: Upheld

Claims Administrator 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) - Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, facet block.

Decision rationale: The medical records provided for review report back pain but do not document physical examination findings consistent with facet mediated pain. Facet loading signs were negative per the medical record. Further ODG guidelines do not support more than 1 facet injection in the case of an injured worker having demonstrated physical exam findings of facet mediated pain. The medical records provided for review do not demonstrate findings in support of two facet injections congruent with ODG. Therefore, the request is not medically necessary.