

Case Number:	CM15-0086476		
Date Assigned:	05/08/2015	Date of Injury:	11/17/2014
Decision Date:	06/15/2015	UR Denial Date:	04/09/2015
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 31 year old female, who sustained an industrial injury on November 17, 2014. The injured worker reported low back pain due to lifting. The injured worker was diagnosed as having lumbosacral sprain with radicular symptoms, disc herniation L5-S1 and lumbar facet syndrome. Treatment and diagnostic studies to date have included x-rays, CAT scan, magnetic resonance imaging (MRI), chiropractic and physical therapy and medication. A progress note dated March 30, 2015 provides the injured worker complains of mid and low back pain and left leg pain. She rates the pain 5-6/10. She reports difficulty with walking, bending, lifting and sleeping. Physical exam notes thoracolumbar tenderness with decreased range of motion (ROM) and mild limp. The plan includes additional chiropractic therapy, medial branch blocks and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch facet blocks at L4-L5 and L5-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 chapter, facet joint diagnostic blocks (injections) 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 November 2014 and continues to be treated for low back pain. Treatments have included physical therapy, medications, and chiropractic care. When seen, she was having back pain radiating into the left upper leg. Pain was rated at 5-6/10. There was a mild limp. Physical examination findings included decreased lumbar spine range of motion. There was a normal lower extremity neurological examination. Recommendations included continued chiropractic care and authorization for diagnostic medial branch blocks. 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 requesting provider does not document physical examination findings that would be consistent with facet mediated pain and chiropractic care is helping and has also been requested. Therefore, the requested medial branch blocks are not medically necessary.