

Case Number:	CM15-0086513		
Date Assigned:	05/08/2015	Date of Injury:	02/15/2010
Decision Date:	06/16/2015	UR Denial Date:	04/15/2015
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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 66 year old male, who sustained an industrial injury to the low back on 02/15/2010. Treatments and diagnostics to date has included conservative care, medications, conservative therapies, electrodiagnostic testing, MRIs, and lumbar fusion surgery (11/08/2010). Currently, the injured worker complains of ongoing low back pain with radiating pain into the bilateral lower extremities predominantly on the left, and tingling and frequent cramping in both legs. The diagnoses include lumbar degenerative facet disease, lumbar spine disc protrusion at L4-5 with bilateral neuroforaminal stenosis and status post lumbar fusion at L3-4. The request for authorization included bilateral L3, L4 and L5 medial branch facet block in the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4 and L5 medial branch facet block lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of low back pain when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis of discogenic lumbar radiculopathy. The guidelines recommend that lumbar facet procedures be utilized for the treatment of non-radicular low back pain of facet origin after radicular pain had been excluded. The criteria for bilateral L3, L4, L5 lumbar facet blocks was not met.