

Case Number:	CM15-0087296		
Date Assigned:	05/11/2015	Date of Injury:	06/30/2011
Decision Date:	06/11/2015	UR Denial Date:	04/21/2015
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: 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 34 year old male sustained an industrial injury on June 30, 2011. Previous treatment includes medications, left shoulder surgery, physical therapy, heat/ice therapy and steroid injections. Currently the injured worker complains of low and mid back pain. He reports bilateral shoulder pain, thoracic pain that he describes as shocking, electrical feeling and he reports low back pain. He reports that his medications are helpful in keeping his pain manageable and his hydrocodone reduces his pain by 705. With his medications, he can currently perform his activities of daily living and exercise. Diagnoses associated with the request include rule out left lumbar facet pain, lumbar degenerative disc disease, bilateral shoulder pain, left shoulder arthroscopy. His treatment plan includes lumbar medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar medial branch blocks L4-5 & L5-S1 under fluoroscopy: Overturned

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.

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 is nearly 4 years status post work-related injury and continues to be treated for low back pain. When seen, he had low back pain without report of radicular symptoms. There was axial and left sacroiliac joint pain and pain with extension and rotation. There was a normal neurological examination. 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 loading and has undergone prior conservative treatment. The criteria are met and therefore the requested lumbar medial branch block procedure is medically necessary.