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| Case Number: | CM15-0238513 | | |
| Date Assigned: | 12/15/2015 | Date of Injury: | 12/29/2014 |
| Decision Date: | 01/29/2016 | UR Denial Date: | 11/19/2015 |
| Priority: | Standard | Application Received: | 12/07/2015 |

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 36 year old, male who sustained a work related injury on 12-29-14. A review of the medical records shows he is being treated for low back pain. In the Doctor's First Report of Occupational Injury or Illness dated 9-14-15 and progress notes dated 10-30-15, the injured worker reports constant, aching and stabbing low back pain. He rates his pain level a 7 out of 10 with medications. He reports pain, numbness and tingling in right leg. No change in symptoms. Upon physical exam dated 10-30-15, he has tenderness to palpation in bilateral facet joints at L5-S1. He has decreased lumbar range of motion. He has decreased sensation in right L3 and L4 dermatomes, but primarily decreased sensation in the right L5 and S1 dermatomes. Treatments have included medications and a transforaminal lumbar epidural injection on 10-19-15 no relief. His pain rating right after injection was 3 out of 10 but went back up to 7 out of 10 on his way home. Current medications include Norco, Flexeril and Cyclobenzaprine cream. No notation on working status. The treatment plan includes requests for general orthopedic and pain management consults, for a lumbar orthosis, medication refills and for a medial branch block at bilateral L5-S1. The Request for Authorization dated 10-30-15 has requests for medial branch block bilateral L5, Cyclobenzaprine, topical cream, Norco, a general orthopedic consult and an interventional pain management consult. In the Utilization Review dated 11-19-15, the requested treatments of a lumbosacral orthosis and a medial branch block at bilateral L5-S1 are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: ACOEM Guidelines state that there is no evidence for the effectiveness of lumbar supports in preventing low back pain. There is no lasting benefit beyond the acute phase of symptom relief. In this case, the patient is no longer in the acute phase. In addition, lumbar supports may be indicated for spondylolithesis, spinal fracture and spinal instability, which this patient does not have. Therefore the request for a lumbar support is not medically necessary or appropriate.

Medial branch block at bilateral L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet joint diagnostic blocks (injections).

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 (acute & chronic), MBB.

Decision rationale: CA MTUS does not specifically address medial branch blocks (MBB). The ODG states that diagnostic blocks are limited to patients with non-radicular pain. They should be used at no more than 2 levels, the patient should have failed conservative treatment and should not be a surgical candidate. In this case, the patient clearly has radicular pain and is therefore not a candidate for MBB. In addition, conservative care has not been exhausted, as the patient had chiropractic treatments scheduled at the time of the request. Finally, the patient remains a possible surgical candidate. Therefore, based upon the failure to meet criteria for a MBB, the request is not medically necessary or appropriate.