

Case Number:	CM15-0008597		
Date Assigned:	01/26/2015	Date of Injury:	05/07/2004
Decision Date:	04/03/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/15/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old female who reported an injury on 05/07/2004 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included medications and physical therapy. The injured worker was evaluated on 12/11/2014. It was documented that the injured worker complained of low back pain rated at a 2/10 to 3/10. Physical findings included restricted range of motion with positive facet loading maneuvers and a negative straight leg raising test. The injured worker's diagnoses included chronic low back pain, myofascial pain, and right facet joint generated pain. The injured worker's treatment plan included continuation of medications and medial branch blocks. A Request for Authorization was submitted on 12/16/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK RIGHT L4-5 L5-S1 LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: The requested medial branch blocks for the right L4-5 and L5-S1 of the lumbar spine are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do not recommend facet injections for therapeutic purposes. The clinical documentation submitted for review does not provide any evidence that the requested procedure is in preparation for a radiofrequency ablation or will be used for diagnostic purposes. Therefore, the need for a therapeutic medial branch block is not supported by guidelines' recommendations. As such, the requested medial branch block right L4-5 and L5-S1 of the lumbar spine are not medically necessary or appropriate.