

Case Number:	CM15-0010156		
Date Assigned:	01/28/2015	Date of Injury:	03/27/2009
Decision Date:	03/18/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 59 year old female who sustained a work injury on March 27, 2009, incurring a back injury. She complained of low back and left hip pain. Sitting, standing or lying down relieves the pain. She has had epidural injections with no relief. She has had no surgical interventions. Treatments also consisted of medications and physical therapy. Diagnoses include lumbago, low back pain, disc degeneration of the lumbar sacral spine, and facet arthropathy, cervical, thoracic and lumbar. Currently, the injured worker complained of increased low back pain and hip pain. Treatments included narcotics for pain. On January 28, 2015, a request for a service of a lumbar medical branch block was non-certified by Utilization Review, noting the California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back (updated 11/21/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Physical methods, Page 308. Decision based on Non-MTUS Citation Low back section, Medial branch blocks

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, lumbar medial branch block is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8- 8) The criteria for use of diagnostic blocks for facet-mediated pain include, but are not limited to, patients with lumbar pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; etc. In this case, the injured worker's working diagnoses are lumbago, low back pain; disc degeneration lumbar/sacral; and facet arthropathy, cervical, thoracic and lumbar. Subjectively, the injured worker has complaints of low back pain more to the facet joints and hips with no lower extremity radiation. Current pain is located at the lumbosacral spine, left lower back area, the midline low back and the right low back area. Objectively, there is tenderness the palpation in the thoracic spine, lumbar paraspinal muscle groups and the sacrum. Range of motion revealed almost no lumbar extension due to pain and unable to do lateral bending. The documentation does not indicate what levels, within the lumbar spine, the lumbar medial branch blocks are to be given. The documentation does not indicate a failure of conservative treatment. Consequently, absent documentation indicating specific levels for the medial branch blocks, lumbar medial branch blocks are not medically necessary.