

Case Number:	CM15-0013466		
Date Assigned:	01/30/2015	Date of Injury:	10/16/2012
Decision Date:	03/24/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/22/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 33- year old male, who sustained an industrial injury on October 16, 2012. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy, thoracic/lumbosacral neuritis, left paracentral disc protrusion at the L4-5 and the L5-S1, bilateral facet joint arthropathy of the L4-5 and L5-S1, lumbar sprain/strain, chronic myofascial and left sided L6 lumbar radiculopathy. Treatment to date has included pain medication, physical therapy, TENS therapy, epidural steroid injection, trigger point injections, an orthopedic consultation and regular monitoring. Currently, the IW complains of severe constant back pain that radiated down her middle back and upper back area and the leg. Accompanying symptoms included tingling, numbness and paresthesia in the left leg. The worker had received a 60-70 percent pain relief after a trigger point injection in the left suprascapular trapezia area. Physical exam was remarkable for restricted range of motion of the lumbar spine. There was also localized tenderness in the lumbar facet joint of the L4-L5 and L5-S1. Manual motor strength was normal. On January 15, 2015, the Utilization Review decision non-certified a request for bilateral L4&L5 medial branch block, noting that several requests for this procedure had been non-certified, the worker is not an appropriate candidate for this procedure per the guidelines because the worker has lumbar radiculopathy. The ACOEM and the ODG Low Back Chapter was cited. On January 22, 2015, the injured worker submitted an application for IMR for review of bilateral L4&L5 medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 & L5 Medial Branch Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Complaints 301.

Decision rationale: No, the proposed medial branch blocks are not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does note that diagnostic medial branch blocks can be employed as a precursor to pursue subsequent facet neurotomy procedures in applicants with discogenic or facetogenic low back pain, in this case, however, the applicant's presentation was suggestive of an active lumbar radiculopathy/lumbar radiculitis process. The attending provider stated that the applicant had radiographically and electrodiagnostically confirmed radiculopathy. The applicant thus, by all accounts, does not appear to have facetogenic or discogenic low back pain for which medial branch blocks at issue could be considered per ACOEM. Therefore, the request was not medically necessary.