

Case Number:	CM15-0013868		
Date Assigned:	02/02/2015	Date of Injury:	02/03/2014
Decision Date:	04/14/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/23/2015

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

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 34 year old male with an industrial injury dated February 3, 2014. The injured worker diagnoses include chronic pain syndrome, arthropathy of lumbar facet joint, lumbar facet joint effusion, spinal stenosis of lumbar region and displacement of lumbar intervertebral disc without myelopathy. He has been treated with diagnostic studies, prescribed medications, consultation and periodic follow up visits. In a progress note dated December 15, 2014, his treating physician reports lack of lumbar lordosis and spasms in the bilateral lumbar paraspinal muscles. The range of motion was significantly limited in all direction. The injured worker was noted to experience severe pain with rotation and oblique extension bilaterally. There was tenderness to palpitation along L2-5 facet joints. The treating physician prescribed L4-5 and L5-S1 Medial Branch Block. UR determination on December 31, 2014 denied the request for L4-5 and L5-S1 Medial Branch Block, citing MTUS, ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 and L5-S1 medial branch block: Overturned

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 (ODG)-Lumbar and thoracic, Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back Lumbar & Thoracic (Acute & Chronic).

Decision rationale: The injured worker is being treated for chronic low back pain secondary to lumbar facet arthropathy and spinal stenosis. After extensive conservative management including medications, physical therapy and chiropractic manipulation, the patient continues to complain of significant pain requiring work restrictions. Request has been made for diagnostic bilateral L4-5 and L5-S1 medial branch blocks. Records document a clinical presentation consistent with facet joint sign and symptoms. Utilization review noncertified the request indicating that the pain is radiating down to the knee. However, documentation supports that the pain is primarily of the low back and not primarily radicular. Pain furthermore does not extend past the knee, which is more likely referred pain from low back versus nerve root injury. Furthermore, there is no neurologic involvement reported on the examination. Official Disability Guidelines recommends diagnostic blocks for facet mediated pain; and in the case of this injured worker, such criteria are adequately documented.