

Case Number:	CM15-0014138		
Date Assigned:	02/02/2015	Date of Injury:	07/16/2007
Decision Date:	03/30/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/26/2015

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, Washington

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

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 73-year-old male who reported an injury on 07/16/2007 due to an unspecified mechanism of injury. On 01/06/2015, he presented for a followup evaluation. A pain inventory showed that his average pain in the last week was 6, sleep disturbances from pain was 0, and percentage of improvement with medications was 40. He reported no interval changes in pain condition since his last visit and stated that he had pain in the neck that radiated into the arm and left thumb as well as in his index finger. Diagnosis included low back pain, lumbar discitis resolved, lumbar canal stenosis, lumbar facet arthropathy, hives and peanut allergy, and nonindustrial cervical radiculopathy. The treatment plan was for lumbar medial branch blocks on the right and left. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar Medial branch blocks (MBB) L2-L2 QTY: 1.00: 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 (ODG), Diagnostic blocks, Back - Lumbar & thoracic (Acute & Chronic)

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, Facet Joint Injections.

Decision rationale: The Official Disability Guidelines recommend facet joint injections when there is evidence of facet joint pain signs and symptoms and after failure of recommended conservative care. The documentation provided for review does not indicate that the injured worker has signs and symptoms consistent with facet joint pain to support the request for a medial branch block. Also, there was a lack of documentation showing that a neurotomy is being anticipated if the injections are successful at the diagnosed levels. Also, there was a lack of documentation showing that he has tried and failed all recommended conservative therapy options. Therefore, the request is not supported. As such, this request is not medically necessary.

Left lumbar Medial branch blocks (MBB) L2-L2 QTY: 1.00: 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 (ODG), Diagnostic blocks, Back - Lumbar & thoracic (Acute & Chronic)

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, Facet Joint Injections.

Decision rationale: The Official Disability Guidelines recommend facet joint injections when there is evidence of facet joint pain signs and symptoms and after failure of recommended conservative care. The documentation provided for review does not indicate that the injured worker has signs and symptoms consistent with facet joint pain to support the request for a medial branch block. Also, there was a lack of documentation showing that a neurotomy is being anticipated if the injections are successful at the diagnosed levels. Also, there was a lack of documentation showing that he has tried and failed all recommended conservative therapy options. Therefore, the request is not supported. As such, this request is not medically necessary.

Right lumbar Medial branch blocks (MBB) L5-S1 QTY: 1.00: 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 (ODG), Diagnostic blocks, Back - Lumbar & thoracic (Acute & Chronic)

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, Facet Joint Injections.

Decision rationale: The Official Disability Guidelines recommend facet joint injections when there is evidence of facet joint pain signs and symptoms and after failure of recommended

conservative care. The documentation provided for review does not indicate that the injured worker has signs and symptoms consistent with facet joint pain to support the request for a medial branch block. Also, there was a lack of documentation showing that a neurotomy is being anticipated if the injections are successful at the diagnosed levels. Also, there was a lack of documentation showing that he has tried and failed all recommended conservative therapy options. Therefore, the request is not supported. As such, this request is not medically necessary.

Right lumbar Medial branch blocks (MBB) L5-S1 QTY: 1.00: 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 (ODG), Diagnostic blocks, Back - Lumbar & thoracic (Acute & Chronic)

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, Facet Joint Injections.

Decision rationale: The Official Disability Guidelines recommend facet joint injections when there is evidence of facet joint pain signs and symptoms and after failure of recommended conservative care. The documentation provided for review does not indicate that the injured worker has signs and symptoms consistent with facet joint pain to support the request for a medial branch block. Also, there was a lack of documentation showing that a neurotomy is being anticipated if the injections are successful at the diagnosed levels. Also, there was a lack of documentation showing that he has tried and failed all recommended conservative therapy options. Therefore, the request is not supported. As such, this request is not medically necessary.