

Case Number:	CM15-0015353		
Date Assigned:	02/03/2015	Date of Injury:	04/06/2013
Decision Date:	03/24/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/27/2015

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, Illinois

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 55 year old female, who sustained an industrial injury on April 6, 2013. She takes Norco and Non-steroidal anti-inflammatory drug for pain. The diagnoses have included lumbar disc degenerative disease, lumbar intervertebral disc protrusion, lumbar spondylosis, degenerative spondylolisthesis, degenerative lumbar spinal stenosis and lumbosacral radiculitis. Treatment has included Norco, anti-inflammatory medications; on October 21, 2014 and December 16, 2014 she had a left L5 transforaminal epidural steroid injection without relief. Currently, the injured worker complains of low back pain with left leg symptoms. In a progress note dated December 30, 2014, the treating provider reports range of motion to lumbar spine is restricted with no tenderness noted with palpation. On January 16, 2015 Utilization Review non-certified a bilateral medial branch blocks to L4-5 and L5-s1, noting, Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch blocks to denervate L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: The injured worker sustained a work related injury on April 6, 2013. She takes Norco and Non-steroidal anti-inflammatory drug for pain. The diagnoses have included lumbar disc degenerative disease, lumbar intervertebral disc protrusion, lumbar spondylosis, degenerative spondylolisthesis, degenerative lumbar spinal stenosis and lumbosacral radiculitis. Treatment has included Norco, anti-inflammatory medications; on October 21, 2014 and December 16, 2014 she had a left L5 transforaminal epidural steroid injection without relief. The medical records provided for review do not indicate a medical necessity for bilateral medial branch blocks to denervate L4-5 and L5-S1. The MTUS recommends against Facet Injections. The Official Disability Guidelines does not recommend facet joint medial branch blocks except as a diagnostic tool.