

Case Number:	CM15-0016802		
Date Assigned:	02/05/2015	Date of Injury:	01/04/2013
Decision Date:	03/26/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/29/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 50 year old male who sustained an industrial injury reported on 1/4/2013. He has reported recently worsened radiating low back pain. The diagnoses have included lumbar facet arthropathy; lumbar radiculitis; multi-level disc degeneration; and chronic pain. Treatments to date have included consultations; diagnostic imaging studies; physical therapy that resulted in limited benefit; acupuncture treatments that were helpful; bilateral inguinal hernia repair (4/2013) with possible recurrent right inguinal hernia; and medication management. The work status classification for this injured worker (IW) was noted to be totally temporarily disabled. On 12/30/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/22/2014, for diagnostic lumbar 4 - sacral 1 median branch nerve block to determine the origin of pain. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, low back complaints; the American College of Occupational and Environmental Medicine Guidelines and the Official Disability Guidelines, low back facet joint injections, diagnostic blocks, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 Median Branch Nerve Lock: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Practice Medicine Guidelines Page(s): 358-359.

Decision rationale: According to MTUS guidelines, "there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." Regarding this patient's case, a diagnostic medial branch block is being requested to best determine the source of the patient's pain. A recent MRI has been completed. Physical exam does note positive fact signs in the lumbar spine. There are no contraindications noted with regards to proceeding with this diagnostic evaluation. This request is considered medically necessary.