

Case Number:	CM15-0112606		
Date Assigned:	06/19/2015	Date of Injury:	01/11/2013
Decision Date:	07/20/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/11/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 57 year old male who sustained a work related injury January 11, 2013. According to a physician's progress report, dated May 11, 2015, the injured worker presented for a re-check, with complaints of low back and buttocks pain, rated 5/10. He describes the pain as aching and worse with activity. He is s/p bilateral L4-5, L5-S1 facet joint injection February 26, 2015, with an 80-90% improvement in his lumbar pain. After four weeks, he started to feel the pain return. Physical examination revealed the injured worker was 5'8" and 240 pounds. Examination of the lumbar spine revealed; flexion 60 degrees, pain with extension to neutral, lumbar extension to 20 degrees and painful, tenderness to palpation lumbar paraspinals L4-L5. Diagnoses is documented as spondylosis of unspecified site; lumbago. Treatment plan included a request for authorization for bilateral L3, L4, and L5 medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral medical branch blocks at L3, L4 and L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Lumbar & Thoracic (Acute & Chronic) Chapter.

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 section, Medial branch block.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, outpatient bilateral medial branch block a L3, L4 and L5 is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; initial pain relief of 70%, plus pain relief of at least 50% for duration of six weeks; etc. In this case, the injured worker's working diagnoses are spondylosis unspecified site; lumbago; facet syndrome; thoraco-lumbosacral spondylosis. The documentation indicates the injured worker has symptoms and signs compatible with facet joint pathology. The documentation indicates a prior medial branch blocks at L4 - L5 and L5 - S1 on February 26, 2015 with 80 to 90% improvement. However, after four weeks the symptoms returned. The guidelines require pain relief of at least 50% or duration of six weeks. Subjectively, the injured worker has low back pain that radiates to the buttocks 5/10. Objectively, there is decreased range of motion (lumbar), tenderness to palpation over the L4 and L5 regions of the lumbar spine. Neurologic evaluation was unremarkable. Consequently, absent clinical documentation of symptomatic and subjective pain relief of 50% greater than six weeks, (repeat) outpatient bilateral medial branch block at L3, L4 and L5 is not medically necessary.