MAXIMUS Federal Services

Case Number:	CM15-0113280		
Date Assigned:	06/19/2015	Date of Injury:	07/02/2014
Decision Date:	07/20/2015	UR Denial Date:	06/10/2015
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: Connecticut, California, Virginia
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 36 year old female who sustained an industrial injury on 07/02/2014. There was no mechanism of injury documented. The injured worker was diagnosed with lumbar disc disease, lumbar radiculopathy, lumbar facet osteoarthritis and bilateral sacroiliac joint arthropathy. Treatment to date has included diagnostic testing with lumbar spine magnetic resonance imaging (MRI) in October 2014, ultrasound of the bilateral wrists, conservative measures, chiropractic therapy, acupuncture therapy, physical therapy, home exercise program, selective epidural steroid injection L4-L5 on January 23, 2015 and medications. According to the treating physician's progress report on May 15, 2105, the injured worker continues to experience low back pain radiating to the bilateral lower extremities with tingling to both legs, right side greater than left side. The injured worker rated her pain level at 8/10 on the pain scale. Examination noted the injured worker to be overweight with an antalgic gait to the left with heel to toe walk exacerbated to the left. There was diffuse tenderness to palpation over the paraspinal muscle extending over the gluteal tone with spasm. Moderate facet tenderness over L3 through S1 was noted. Piriformis tenderness was positive bilaterally. Kemp's, Fabere's, sacroiliac thrust, Farfan's and Yeoman's tests were positive bilaterally. Straight leg raise seated and supine was positive on the left side. The lumbar spine showed decreased range of motion with hip motion intact bilaterally. Current medications are listed as Norco, Flexeril, Neurontin and Voltaren XR. Treatment plan consists of maintaining a daily pain log; continue home exercise program and stretches, urine drug screening and the current request for bilateral L3-L4 medial branch block injection and bilateral L4-L5 medial branch block injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4 medial branch block injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back (updated 04/15/15).

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 chapter.

Decision rationale: As the California MTUS does not specifically discuss medial branch blocks in cases of low back pain, the ODG provides the preferred mechanism for assessing the evidence base for clinical necessity of the treatment modality. With respect to medial branch blocks, the ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure. In this case, it appears that there is fairly substantial radicular pain/radiculopathy per the provided records, which is concerning in consideration of facet joint blocks. Therefore, the request cannot be considered medically necessary at this time based on the provided records.

Bilateral L4-L5 medial branch block injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back (updated 04/15/15).

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 chapter.

Decision rationale: As the California MTUS does not specifically discuss medial branch blocks in cases of low back pain, the ODG provides the preferred mechanism for assessing the evidence base for clinical necessity of the treatment modality. With respect to medial branch blocks, the ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure. In this case, it appears that there is fairly substantial radicular pain/radiculopathy per the provided records, which is concerning in consideration of facet joint blocks. Therefore, the request cannot be considered medically necessary at this time based on the provided records.