

Case Number:	CM15-0113326		
Date Assigned:	06/19/2015	Date of Injury:	12/21/2012
Decision Date:	07/21/2015	UR Denial Date:	05/16/2015
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

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 53 year old, female who sustained a work related injury on 12/21/12. The diagnoses have included chronic low back pain, lumbar degenerative disc changes and lumbar bulging discs. Treatments have included lumbar cortisone injections, a lumbar medial branch block injection, medications, chiropractic treatments and physical therapy. In the PR-2 dated 4/30/15, the injured worker complains of low back pain with occasional pain that goes into the buttock, more on right side. She has tenderness on the right side on the paraspinal musculature especially over the lumbar lower facet joints. Previous lumbar medial branch block gave her 80% improvement in pain but only lasted two days. The treatment plan includes a request for authorization of a trial of lumbar dorsal median branch diagnostic blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Right Lumbar, L3, L4, L5, Dorsal Medial Branch Blocks for the lumbar spine:
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 - Facet joint intra-articular injections.

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, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, it appears the patient has already undergone successful diagnostic medial branch blocks. Guidelines do not support repeat medial branch blocks. As such, the currently requested lumbar medial branch blocks are not medically necessary.