

Case Number:	CM15-0113395		
Date Assigned:	06/19/2015	Date of Injury:	01/23/2015
Decision Date:	07/22/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

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 60 year old male who sustained an industrial injury on 01/23/15. He reported complaints of neck, low back and tailbone pain. Treatments to date include acupuncture, Chiropractic care, medications and fluoroscopic guided coccyx injection. Primary treating physician's progress report dated 04/29/15 reports ongoing low back pain gets worse with activity. On 3/27/15 he had fluoroscopic guided coccyx injection and reported excellent temporary relief of pain. He has pain and numbness in the buttock. Neck pain is improving considerably with acupuncture treatments. Neck range of motion improved and pain level is down to 5/10. Current diagnoses include lumbar spondylosis, coccyx pain, cervical spondylosis and cervical myofascial pain. Treatment plan includes: bilateral lumbar medial branch block, continue home exercises, continue medication management, continue acupuncture treatments, Norco and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar medial branch block at Bilateral L4-L5 and L5-S1 levels under fluoroscopic guidance and X-rays: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in January 2015 and continues to be treated for low back pain. When seen, there had been temporary relief after a coccyx injection. He was having ongoing low back pain. He was having pain and numbness in the buttocks. Physical examination findings included bilateral lumbar facet tenderness and sacroiliac joint tenderness. There was tenderness over the coccyx. There was a normal neurological examination with negative straight leg raising. Facet loading was positive. Treatments have included medications, acupuncture, chiropractic care, and injections. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has axial low back pain with positive facet loading and has undergone prior conservative treatment. The criteria are met and the requested lumbar medial branch block procedure is medically necessary.