

Case Number:	CM15-0116262		
Date Assigned:	06/24/2015	Date of Injury:	04/23/2010
Decision Date:	07/29/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/16/2015

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: 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 62 year old male, who sustained an industrial/work injury on 4/23/10. He reported initial complaints of low back pain. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral spine. Treatment to date has included medication, physical therapy, epidural steroid injection (2), and diagnostics. MRI results were reported facet arthropathy. Currently, the injured worker complains of burning and stabbing sensation across the lumbar spine with numbness cold sensation in both feet. Per the primary physician's progress report (PR-2) on 5/15/15, examination revealed tenderness and midline from L4-S1 as well as paravertebral area bilaterally, pain with bending and extending back, and reflexes and motor testing were normal. The requested treatments include Medial Branch Block Lumbar Spine, bilateral L4-L5, and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block Lumbar Spine, bilateral L4-L5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: This patient receives treatment for chronic low back pain. This relates back to an industrial injury dated 04/23/2010. This review addresses a request for a medial branch block L4-S1. The patient exhibits tenderness in the paralumbar area and complains of numbness with cold sensations in both feet. A lumbar spine MRI shows facet joint arthritic changes. The treatment guidelines do not recommend medial branch blocks for low back pain, as there is insufficient data from well-controlled clinical trials to recommend them. The medial branch block is not medically necessary.