

Case Number:	CM15-0117101		
Date Assigned:	06/25/2015	Date of Injury:	10/10/2012
Decision Date:	07/31/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/17/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 an 82 year old male, who sustained an industrial injury on 10/10/2012. The injured worker was noted to be on his knees and when trying to sit up he lost balance and landed on his left arm and bilateral knees. On provider visit dated 05/22/2015 the injured worker has reported low back pain. On examination of the spine was noted to have tenderness to palpation in the bilateral lower lumbar facet regions. There was a large soft tissue mass noted in the lumbar paraspinous region. Pain with facet loading of lumbar spine was noted. Lumbar extension was limited due to increased pain. Pain with Faber test bilaterally was noted. The diagnoses have included facet arthropathy of lumbar spine and multilevel disc herniation of lumbar spine with moderate to severe neural foraminal narrowing. Treatment to date has included home exercise program, aqua therapy, chiropractic treatment and medication. The provider requested a Medial Branch Block Bilaterally AT L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medial Branch Block Bilaterally AT L4-5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. 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's complains of weakness in legs as well as pins and needle sensations with pain radiating into the feet. The physician does document weakness in the legs as well. The requesting physician does acknowledge the fact the patient having severe neural foraminal narrowing, however no treatment plan is mentioned for this issue, which is a radicular finding. As such, the currently requested lumbar medial branch blocks are not medically necessary.