

Case Number:	CM15-0118518		
Date Assigned:	06/26/2015	Date of Injury:	09/30/2014
Decision Date:	07/28/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/19/2015

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:

This 57 year old woman sustained an industrial injury on 9/30/2014. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI performed 12/2013 and lumbar spine x-rays performed in 9/2014. Diagnoses include lumbar spinal stenosis and disc herniation with myelopathy. Treatment has included oral medications, injection therapy, and chiropractic care. Physician notes dated 5/19/2015 show complaints of back pain rated 7/10 with sciatica to the left foot. Recommendations include bilateral medical branch block injections, continue with current activity/work restrictions, Ultram, Amitriptyline, start Lyrica, and follow up in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4/5 diagnostic medial branch block: 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.

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 September 2014. She was seen for an initial evaluation by the requesting provider on 04/27/15. She was having pain radiating to the ankle and calf rated at 6-10/10. Physical examination findings included paraspinal tenderness. There was decreased lumbar spine range of motion without report of pain. Straight leg raising was negative and there were no reported neurologic deficits. 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 radicular symptoms affecting the right lower extremity. The requested medial branch blocks are not medically necessary.

Right L4/5 and bilateral L5/S1 diagnostic medial branch block: 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.

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 September 2014. She was seen for an initial evaluation by the requesting provider on 04/27/15. She was having pain radiating to the ankle and calf rated at 6-10/10. Physical examination findings included paraspinal tenderness. There was decreased lumbar spine range of motion without report of pain. Straight leg raising was negative and there were no reported neurologic deficits. 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 radicular symptoms affecting the right lower extremity. The requested medial branch blocks are not medically necessary.