MAXIMUS Federal Services

Case Number:	CM15-0122686		
Date Assigned:	07/07/2015	Date of Injury:	05/15/2012
Decision Date:	08/04/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/25/2015

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 53 year old female who sustained an industrial injury on 5/15/12. She had complaints of lower back pain. Treatments include medication, physical therapy, chiropractic care, hot packs, massage, ultrasound, electrical stimulation, exercise, neuromuscular re-education and lumbar facet joint injections. Progress note dated 4/24/15 reports constant, aching, sharp pains across her lower back, left side more than the right and is rated 8/10. Diagnoses include: chronic low back pain and lumbar spondylosis. Plan of care includes: discussed lumbar medial branch block risks, benefits, and alternatives and she would like to proceed, continue medications; urine drug screen within normal range and continue physical therapy three time weekly. Work status: return with restrictions of limited to 5 to 10 pound of lifting, pushing and pulling. Crouching, walking, use of stairs, bending at the waist, and awkward sustained posture, sitting and standing should be limited to 15-minute periods. Follow up post procedure or in one month for re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L2, L3, L4 and L5 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Section: Facet/Medical Branch Blocks.

Decision rationale: The Official Disability Guidelines comment on the use of medical branch blocks for patients with low back pain. These guidelines have established the following criteria for use of therapeutic intra-articular and medial branch blocks: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. In this case, the request exceeds the Official Disability Guidelines limit of "no more than 2 joint levels may be blocked at any one time." Further, it is unclear whether this patient has received a subsequent neurotomy after receiving a prior medical branch block. For these reasons, a left L2, L3, L4 and L5 medical branch block is not considered medically necessary.