

Case Number:	CM15-0126377		
Date Assigned:	07/13/2015	Date of Injury:	09/05/2003
Decision Date:	08/06/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/30/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 a 35 year old female, who sustained an industrial injury on 09/05/2003. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar one traumatic burst fracture, lumbar degeneration, myofascial pain syndrome, and bone pain. Treatment and diagnostic studies to date has included transforaminal medial branch block of bilateral thoracic twelve through lumbar one to two, medication regimen, and status post lumbar one hardware fixation and fusion. In a progress note dated 05/17/2015 the treating physician reports complaints of aching pain to the low back and lower extremities. Examination reveals tenderness to the lumbar paraspinal muscles and complaints of thoracic spine pain. The injured worker's average pain level was rated a 4 out of 10 with the worst pain level to be a 6 out of 10 and the best pain level to be a 3 out of 10. The treating physician requested transforaminal medial branch block of bilateral thoracic twelve through lumbar one to two with the treating physician noting that the injured worker had prior treatment of transforaminal medial branch block of bilateral thoracic twelve through lumbar one to two that was remarkable for more than 50% of pain relief that was noted to last approximately a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral T12-L1-L2 TMBB-LMBB: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic.

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 chapter, facet joint blocks.

Decision rationale: The MTUS does not address the use of medial branch bundle blocks in the thoracolumbar spine, and therefore the Official Disability Guidelines provide the preferred mechanism for assessing clinical necessity in this case. The ODG do not support the use of medial branch blocks in this case. The patient has already had diagnostic blocks performed, and there is not a report of at least 70% pain relief. Additionally, the presence of hardware and prior fusion makes the case less appropriate for blocks. Given the provided records, there is not compelling evidence in this case to proceed with the multiple requested bilateral injections, and therefore according to the guidelines, the request is not considered medically necessary at this time.