MAXIMUS Federal Services

Case Number:	CM15-0141129		
Date Assigned:	07/30/2015	Date of Injury:	06/13/1994
Decision Date:	11/03/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/20/2015

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: Arizona, 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 43 year old male, who sustained an industrial injury on June 13, 1994. He reported a continuous trauma injury. The injured worker was currently diagnosed as having lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and bilateral sacroiliac joint arthropathy. Treatment to date has included injections, exercise and diagnostic studies. On March 23, 2015, he was administered a second diagnostic bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection. He reported 90% relief of radicular symptoms and less pain in the lumbar spine that went form a 7 on a 1-10 pain scale to a 3 on the pain scale. On April 21, 2015, the injured worker reported decreased low back pain that is constant and slightly achy. The pain was rated as a 3-4 on a 1-10 pain scale. Physical examination of the lumbar spine revealed diffuse tenderness to palpation with guarding noted over the lumbar paravertebral musculature. There was moderate facet tenderness over L4-S1. Piriformis tenderness, sacroiliac tenderness Fabere's-Patrick, sacroiliac thrust test, Yeoman's test, Kemp's test, Farfan test, seated straight leg raise at 70 degrees and supine straight leg raise at 70 degrees were all positive on the right. Sacroiliac tenderness, Fabere's-Patrick, sacroiliac thrust test, Yeoman's test, Kemp's test, Farfan test, seated straight leg raise at 70 degrees and supine straight leg raise at 60 degrees were all positive on the left. Lumbar spine range of motion was flexion 65 degrees, extension 10 degrees, lateral bending left 30 degrees and lateral bending right 25 degrees. The treatment plan included bilateral L3-L5 medial branch block injection, consideration for bilateral L3-L5 medial branch facet rhizotomy-neurolysis that innervates bilateral L4-L5 and L5-S1 nerve root versus bilateral sacroiliac joint injection, continuation of daily exercises and stretches, ergonomic

workstation re-evaluation and a follow-up visit. On June 16, 2015, utilization review denied a request for bilateral L3-L5 medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L5 Medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter (Online Version), Facet joint diagnostic blocks.

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 and pg 36.

Decision rationale: A progress note in April 2015 indicated the claimant had L4 radicular symptoms that gained 90% relief with epidural injections. The guidelines do not recommend Medial Branch Blocks in those with radiculopathy. Although there is facet tenderness, the request for an MBB is not recommended and is not medically necessary.