

Case Number:	CM15-0172808		
Date Assigned:	09/14/2015	Date of Injury:	03/03/2015
Decision Date:	10/14/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/02/2015

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 49 year old female, who sustained an industrial injury on 3-3-2015. She reported a low back injury from heavy lifting activity. Diagnoses include low back pain, possible facet syndrome. Treatments to date include NSAID, Tramadol, physical therapy, and chiropractic therapy. Currently, she complained of ongoing low back pain rated 8 out of 10 VAS. On 8-19-15, the physical examination documented tenderness over lumbar facet joints and decreased lumbar range of motion. The MRI of the lumbar spine dated 4-20-15, revealed multilevel disc bulges with moderate bilateral facet hypertrophy at L4-L5 and L5-S1. The plan of care included diagnostic bilateral medial branch blocks followed by possible radiofrequency ablation. The appeal requested authorization for bilateral lumbar medial branch blocks at L3, L4, and L5 levels. The Utilization Review dated 8-28-15, denied the request stating "the clinical data did not contain all of the suggested indicators of facet pathology" per California MTUS and ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral lumbar medial branch block at L3-5: 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).

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 diagnostic blocks (injections).

Decision rationale: As the California MTUS does not specifically discuss medial branch blocks in cases of low back pain, the ODG provides the preferred mechanism for assessing the evidence base for clinical necessity of the treatment modality. With respect to medial branch blocks, the ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure. In this case, the provided documents indicate that the request is for three levels, which is contraindicated per the guidelines. Therefore, while a block may be appropriate, a series of greater than two levels as requested cannot be considered medically necessary at this time based on the provided records.