MAXIMUS Federal Services

Case Number:	CM15-0176074		
Date Assigned:	09/17/2015	Date of Injury:	07/24/2002
Decision Date:	10/20/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/08/2015

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 48 year old male who sustained an industrial injury on 07-24-2002. Diagnoses include intervertebral disc disorder with myelopathy-lumbar region. A physician progress note dated 05-06-2015 documents the injured worker continues to have chronic pain in his lower back with pain extending into the right hip region. He rates his pain as 8 out of 10. He also complains of pain in his right and left shoulders and has had an injection in his right shoulder from his primary physician. On examination, there is decreased lumbar spine range of motion. He has positive lumbar tenderness and paraspinous muscle spasming. In a physician progress note dated 08-25-2015 the injured worker has continues with lower back pain. There is pain in the lower lumbar facets with pain with extension. He has had prior medial branch block to the L4-5 and L5-S1 facet joints bilaterally which were positive and he presented for a confirmatory block prior to consideration of radiofrequency neurolysis. His pain remains rated 8 out of 10 and extends to the outer portion of the right knee. Treatment to date has included diagnostic studies, medications, physical therapy, and prior medial branch blocks to the L4-5 and L5-S1 facet joints bilaterally, which was positive. His current medications include Norco and Xanax. On 08-27-2015, the Utilization Review denied the requested treatment of Bilateral L3-L4 Medial Branch Block, and Bilateral L5 DRB.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4 Medial Branch Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 and pg 36.

Decision rationale: Medial branch blocks are recommended in those without radiculopathy in preparation for ablation. In this case, the claimant had persistent back pain despite undergoing conservative therapy. However, the claimant had undergone prior MBB of L3-L4 with improvement. Amount and length of improvement is unknown. The request for additional confirmatory blocks is not required based on prior history of blocks. Further information regarding quality of benefit from prior blocks would suffice if ablation is beneficial. The request for L3-L4 MBB is not medically necessary.

Bilateral L5 DRB: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: Medial branch blocks are recommended in those without radiculopathy in preparation for ablation. In this case, the claimant had persistent back pain despite undergoing conservative therapy. However, the claimant had undergone prior L5 DRB with improvement. Amount and length of improvement is unknown. The request for additional confirmatory blocks is not required based on prior history of blocks. Further information regarding quality of benefit from prior blocks would suffice if ablation is beneficial. The request for L5DRB is not medically necessary.