

Case Number:	CM15-0177971		
Date Assigned:	09/18/2015	Date of Injury:	03/31/2015
Decision Date:	10/21/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 3-31-2015. The injured worker is being treated for facet syndrome L4-5. Treatment to date has included modified work, medications and home exercises. Per the Primary Treating Physician's Initial Orthopedic Consultation dated 7-22-2015 the injured worker reported constant lower back pain which increases in hyperextension, with occasional associated pain and numbness of the left leg. The level of pain is 5 out of 10, increasing up to 9 out of 10 when aggravated. Objective findings of the lumbar spine included decreased ranges of motion in all planes with increased pain toward the terminal end of motion. There was moderate tenderness over the lumbar facet joints with paraspinal spasm. Work status was modified. The plan of care included medial branch block L4-5. Authorization was requested on 8-03-2015 for diagnostic medial branch block at L4-5. On 8-10-2015, Utilization Review non-certified the request for one outpatient surgical diagnostic medial branch block at L4-5 citing that the clinical information provided does not establish the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

One outpatient surgical diagnostic medial branch block at L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in March 2015 and is being treated for low back pain. Treatments have included medications and physical therapy. When seen, he was having constant moderate to severe low back pain increased, with hyperextension. He was having occasional pain and numbness of the left leg. Pain was rated at 5-9/10. Physical examination findings included a body mass index over 27. There was decreased lumbar spine range of motion and extension was limited to zero degrees. There was moderate lower lumbar facet tenderness with paraspinal spasms. Straight leg raising was negative and there was a normal neurological examination. An MRI of the lumbar spine in May 2015 included findings of multilevel facet hypertrophy with central disc herniations. Imaging results were reviewed by the requesting provider with findings of Grade I L4/5 spondylolisthesis and fluid in the facet joints. A diagnostic medial branch block procedure was requested. Criteria for the use of diagnostic blocks for facet-mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has primarily axial low back pain with facet tenderness and extension bias pain with extension limited to the neutral position. Imaging supports the procedure and level being requested and there have prior conservative treatments. The criteria are met and the requested lumbar medial branch block procedure is medically necessary.