

Case Number:	CM15-0061589		
Date Assigned:	04/07/2015	Date of Injury:	07/20/2009
Decision Date:	05/12/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/01/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 52-year-old male, who sustained an industrial injury on 7/20/09. He reported neck pain, bilateral shoulder pain, arm pain, wrist pain, low back pain, and bilateral knee pain. The injured worker was diagnosed as having L4-S1 disc degeneration/facet arthropathy and intermittent right leg radiculopathy. Treatment to date has included C3-7 fusion on 7/12/12, L5-S1 epidural injections, and medication. A MRI was noted to have revealed disc herniation on the right side at L4-5 and L5-S1. Currently, the injured worker complains of low back pain with radiation to the flanks, bilateral buttocks, and posterior thighs. The treating physician requested authorization for a medial branch block from L4-5 bilaterally and a medial branch block from L5-S1 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block (MBB) from L4-5 bilaterally: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, medial branch blocks.

Decision rationale: ODG guidelines support medial branch blocks for diagnosis of lumbar pain with demonstrated physical exam findings of facet-mediated pain and no findings of radiculopathy who have failed other conservative care. The medical records support the insured has positive physical exam findings consistent with facet-mediated pain. The insured does not have radiculopathy and has failed other conservative care including PT and medications. Facet medial branch blocks for L4-5 facet for diagnostic purposes congruent with ODG guidelines is medically necessary for the insured.

MBB from L5-S1 bilaterally: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines low back, medial branch blocks.

Decision rationale: ODG guidelines support medial branch blocks for diagnosis of lumbar pain with demonstrated physical exam findings of facet-mediated pain and no findings of radiculopathy who have failed other conservative care. The medical records support the insured has positive physical exam findings consistent with facet-mediated pain. The insured does not have radiculopathy and has failed other conservative care including PT and medications. Facet medial branch blocks of L5-S1 facet for diagnostic purposes congruent with ODG guidelines is medically necessary for the insured.