

Case Number:	CM15-0061925		
Date Assigned:	04/07/2015	Date of Injury:	09/10/2009
Decision Date:	05/19/2015	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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old male, who sustained an industrial injury on 9/10/09. He reported low back pain. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar radiculitis, and lumbago. Treatment to date has included a lumbar epidural steroid injection on 4/4/11 and physical therapy. A MRI obtained on 5/5/14 revealed a L4-5 disc protrusion and L5 nerve root compression with multilevel degenerative disc disease. An electromyogram/nerve conduction study performed on 6/6/11 was noted to be normal. Currently, the injured worker complains of low back pain that radiates to bilateral legs. The treating physician requested authorization for medial branch blocks at L3-4 and dorsal ramus L5, and a lumbar discogram. The requests were made due to worsening low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch blocks (MBB) L3-L4, dorsal ramus L5: 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), Low back - Lumbar & Thoracic (Acute & Chronic) chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: ACOEM concludes that invasive techniques such as facet injections are of questionable merit. Additionally, treatment for facet-mediated pain is not indicated in a situation such as this where the history is that of radicular symptoms at the affected levels. The records do not provide an alternate rationale in support of the requested treatment. This request is not medically necessary.

Lumbar discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: ACOEM states that lumbar discography is not recommended. Multiple studies have demonstrated that this diagnostic technique does not have more than random chance value in assessing the presence or etiology of pain. The request is not medically necessary.