

Case Number:	CM15-0068316		
Date Assigned:	04/15/2015	Date of Injury:	11/16/2011
Decision Date:	05/19/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/10/2015

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: 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 46 year old female, who sustained an industrial injury on 11/16/11. She reported pain in the neck, shoulders, arms, low back, hips and knees. The injured worker was diagnosed as having tenderness on palpation of bilateral paraspinous musculature of L3, L4, and L5 with positive facet loading bilaterally. Treatment to date has included physical therapy, chiropractic treatment, and acupuncture. A MRI of the lumbar spine obtained on 2/4/14 revealed L3-4 left paracentral disc protrusion and left neuroforaminal narrowing. A L5-S1 broad based disc protrusion and facet hypertrophy that produced bilateral neuroforaminal narrowing was also noted. Currently, the injured worker complains of stabbing and pinching low back pain without radiation. The treating physician requested authorization for bilateral medial branch blocks at L3, L4, and L5 with steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Blocks bilateral L3, 4, 5 with steroid injection: Overturned

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, Facet joint medial branch blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines low back chapter regarding Facet joint diagnostic blocks.

Decision rationale: This patient presents with history of low back pain. The Request for Authorization is dated 04/06/15. The current request is for bilateral medial branch blocks bilateral L3, 4, 5 with steroid injection. ACOEM Guidelines do not discuss facet joint syndrome but does support medial branch diagnostic blocks on page 301. The ODG guidelines under the low back chapter regarding Facet joint diagnostic blocks provide more detailed discussion and allows for facet diagnostic evaluation, but not therapeutic injections for facet joints. MRI of the lumbar spine dated 02/04/14 revealed mild 1-3mm paracentral disc protrusion at L3-4 and L5-S1. Physical examination on 02/04/15 revealed axial low back pain with tenderness to palpation on the bilateral paraspinal musculature at L3, L4 and L5 with positive facet loading bilaterally. The patient's diagnoses include DDD of lumbar spine and chronic low back pain. The Utilization review denied the request stating that there is little evidence that such blocks have a therapeutic usefulness. There is no indication that this patient has had a MBB for the lower spine. This patient has non-radicular low back complaints despite conservative measures including physical therapy and medications. ODG Guidelines does support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. In this case, the patient does meet guideline criteria for medial branch blocks; therefore, the request IS medically necessary.