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| Case Number: | CM15-0070979 | | |
| Date Assigned: | 04/20/2015 | Date of Injury: | 11/08/2012 |
| Decision Date: | 05/19/2015 | UR Denial Date: | 03/30/2015 |
| Priority: | Standard | Application Received: | 04/14/2015 |

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 43 year old male with an industrial injury dated November 8, 2012. The injured worker diagnoses include degenerative arthritis of cervical spine, lumbar spondylosis without myelopathy, thoracic /lumbar radiculitis/neuritis, and brachial neuritis or radiculitis. He has been treated with diagnostic studies, prescribed medications, lumbar epidural steroid injection, medial branch nerve block, physical therapy and periodic follow up visits. According to the progress note dated 2/04/2015, the injured worker reported right lower back pain and bilateral neck pain. Objective findings revealed tenderness to palpitation of the lumbar spine and positive straight leg raises. The treating physician prescribed services for a repeat medial branch nerve block at L4-L5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat medial branch nerve block at L4/L5, L5/S1: Upheld

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300.

Decision rationale: Per ODG, lumbar blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Submitted reports have not demonstrated clear indication and medical necessity for the medial branch blocks as the patient continues to exhibit radicular symptoms with consistent clinical findings and MRI results that indicate stenosis with possible nerve impingement identified s/p previous lumbar epidural injections. Additionally, submitted reports show no clear exam findings consistent with arthropathy nor is there extenuating circumstances to repeated injections without documented functional improvement from previous treatment rendered beyond the guidelines criteria. The Repeat medial branch nerve block at L4/L5, L5/S1 is not medically necessary and appropriate.