

Case Number:	CM15-0072619		
Date Assigned:	04/22/2015	Date of Injury:	02/24/1997
Decision Date:	05/20/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/16/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58 year old male with an industrial injury date of 02/24/1997. Her diagnoses include bilateral sacroiliac joint pain and lumbar degenerative disk disease with neural foraminal stenosis lumbar 4-5 and lumbar 5-sacral 1. Prior treatments included medications and diagnostics. He presents on 01/28/2015 for recheck of lumbar spine. He notes back pain with right leg numbness and tingling in the thigh and left leg pain. Physical exam noted tenderness on examination of the lumbar spine. Range of motion was limited in regards to flexion and extension secondary to pain. MRI of lumbar spine dated 01/21/2015 is documented in the 01/28/2015 note. Bilateral sacroiliac joint trigger point injections were administered at this visit. The treatment plan included lumbar medial nerve branch block bilateral lumbar 3, lumbar 4 and lumbar 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medical nerve branch block bilateral L3, L4, and 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-TWC), 2015 - Low Back Chapter: Criteria for the use of diagnostic blocks for facet "medicated" pain.

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 chapter, Facet joint diagnostic blocks (injections).

Decision rationale: As the California MTUS does not specifically discuss medial branch blocks in cases of low back pain, the ODG provides the preferred mechanism for assessing the evidence based clinical necessity of the treatment modality. With respect to medial branch blocks, the ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure. In this case, the very brief provided documents do not provide sufficient evidence of failure of conservative treatment modalities, and therefore the request is not medically necessary at this time based on the provided records.