

Case Number:	CM15-0073471		
Date Assigned:	04/23/2015	Date of Injury:	06/09/2014
Decision Date:	05/20/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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(n) 47 year old female, who sustained an industrial injury on 6/9/14. She reported pain in her back and shoulders due to repetitive duties. The injured worker was diagnosed as having thoracic strain, lumbar strain and bilateral shoulder strain. Treatment to date has included acupuncture, a home exercise program, trigger point injections and pain medications. As of the PR2 dated 3/18/15, the injured worker reports constant mid back and low back pain across both sides. She rates her pain an 8-9/10. The treating physician noted decreased range of motion and tenderness in the paraspinal muscles and a positive Kemp test bilaterally. The treatment plan includes lumbar medial branch blocks, chiropractic treatments and pain medications. The treating physician requested a lumbar medial branch block injection under fluoroscopic guidance bilaterally at L1, L2, L3 and L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medial branch block injection under fluoroscopic guidance, bilateral L1, L2, L3, and L4: 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, Facet joint diagnostic blocks (injections); Facet joint pain, signs and symptoms.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)- Facet joint diagnostic blocks (injections).

Decision rationale: Lumbar medial branch block injection under fluoroscopic guidance, bilateral L1, L2, L3, and L4 is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and no more than 2 levels. The request exceeds the MTUS Guideline recommendations for the quantity of levels to be injected at one time. This request is not medically necessary.