

Case Number:	CM15-0074353		
Date Assigned:	04/24/2015	Date of Injury:	04/03/2009
Decision Date:	06/11/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/20/2015

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 62 year old male, who sustained an industrial injury on 04/03/2009. He reported injury to his low back. Treatment to date has included right sacroiliac joint injection, laminectomy, hardware removal, left sacroiliac joint fusion on 03/28/2014, medications, radiographic imaging, psychotherapy, electromyography and MRI. According to a progress report dated 01/29/2015, the injured worker complained of mid back pain that was rated 7 on a scale of 1-10. Medication regimen included Hydrocodone-acetaminophen, Lisinopril, Lorazepam and Celebrex. Diagnoses included bilateral sacroiliac joint dysfunction, status post L4-S1 anterior posterior fusion 2011, left greater trochanter bursitis, status post right sacroiliac joint fusion 10/25/2013, severe disc degeneration and status post left sacroiliac joint fusion 03/2014. Treatment plan included a left greater trochanter corticosteroid injection, request for a pain management consult and left sacroiliac joint block with arthrogram and urine toxicology. Currently under review is the request for medial branch blocks bilaterally of L2-4. A 2/18/15 orthopaedic agreed medical evaluation states that the patient has a positive straight leg raise on the left. The patient complains of BLE pain radiating from his back to his knees and occasionally feet and toes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch blocks, bilaterally of L2-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: Medial branch blocks, bilaterally of L2-4 are not medically necessary per the ACOEM and the ODG guidelines. 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 at no more than two levels bilaterally. There should be no more than 2 facet joint levels are injected in one session. The documentation suggests that the patient has symptoms that are not purely facetogenic. The Feb. 2015 AME report describes a positive straight leg raise which suggests radicular pathology. The request for medial branch blocks is not medically necessary.