

Case Number:	CM15-0091076		
Date Assigned:	05/15/2015	Date of Injury:	06/04/2013
Decision Date:	06/16/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34-year-old male who reported an industrial injury on 6/4/2013. His diagnoses, and/or impressions, are noted to include: lumbosacral sprain; lumbar spondylosis with myelopathy and acquired spondylolisthesis; lumbar disc disease/herniated disc/lumbar para defect with instability and stenosis; cervicgia; and back pain/lumbago. The history notes pre-industrial co-morbidities of alcohol intoxication - remission, essential benign hypertension, and tobacco use disorder; as well as a declination from a pain management physician to see this injured worker (12/30/14). Recent, post-surgical, lumbar spine x-rays are noted on 10/27/2014, no current magnetic imaging studies are noted. His treatments have included lumbar arthrodesis with hardware, lumbar laminectomy with osteotomy, and moreselized allograft surgery (10/27/14); EBI bone stimulator; physical therapy; aqua therapy; transcutaneous electrical nerve stimulation unit therapy; a qualified medical examination/report on 3/15/2015; rest from work; and continued alterations in medication management, with noted recent weaning off of Fentanyl, Robaxin, Valium and Marijuana. The progress notes of 3/25/2015 reported complaints of constant back pain, aggravated by activity; insomnia; and that he was undergoing physical therapy and aqua therapy with no new symptoms. The objective findings were noted to include painful, decreased range of motion and lumbar facet stress test; decreased deep tendon reflexes; and that he remained off work. The physician's requests for treatments were noted to include bilateral lumbar medial branch block injections, under fluoroscopy, with the goal of helping him taper off his medications and to increase his flexibility and activity during therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block L3, L4, L5 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); http://www.odg-twc.com/odgtwc/low_back.htm.

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-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in June 2013 and continues to be treated for low back pain. Treatments have included a lumbar fusion at the L4-5 level on 10/27/14. When seen, he was having constant back pain. Physical examination findings included decreased and painful lumbar spine range of motion with positive facet testing. Authorization for bilateral multilevel lumbar medial branch blocks was requested. In terms of facet blocks, guidelines indicate that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the claimant has a history of an L4-5 fusion and the L3 and L4 medial branches are to be included in the planned procedure. The request is therefore not medically necessary.