

Case Number:	CM15-0098906		
Date Assigned:	06/01/2015	Date of Injury:	05/16/2000
Decision Date:	07/01/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/22/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 5/16/2000. The injured worker's diagnoses include lumbar disc degeneration, lumbar facet arthropathy, lumbar radiculitis, insomnia and obesity. Treatment consisted of MRI of the lumbar spine, Electromyography (EMG) /Nerve conduction velocity (NCV) of the lower extremities, prescribed medications, and periodic follow up visits. In a progress note dated 3/30/2015, the injured worker reported low back pain radiating down the bilateral lower extremities with frequent muscle spasm in the low back. The injured worker rated pain an average of 6-7/10 with medications and a 9-10/10 without the medications. The injured worker reported that the pain was unchanged since last visit. Objective findings revealed spasm at L4-S1, tenderness to palpitation at L4-S1 with dysesthesia on the right, decrease lumbar range of motion with pain, and decreased sensation at L3-4 dermatomes in the left lower extremity. The treating physician prescribed bilateral L4-S1 medial branch nerve block under fluoroscopy now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 Medial branch nerve block under fluoroscopy: 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 procedure.

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, facet joint diagnostic blocks.

Decision rationale: The request is considered not medically necessary. MTUS guidelines do not address this. According to the ODG guidelines, the criteria to perform a nerve block includes back pain that is non-radicular which does not apply to this patient. The patient was documented to have back pain radiating to the bilateral lower extremity. The patient also had a medial branch nerve block previously and only one set is needed for a diagnostic tool. Repeat blocks are not warranted. Therefore, the request is considered not medically necessary.