

Case Number:	CM13-0003626		
Date Assigned:	06/06/2014	Date of Injury:	06/03/2012
Decision Date:	07/28/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/26/2013

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. The expert reviewer is Board Certified in Anesthesiology, Acupuncture & Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

37y/o female injured worker with date of injury 6/3/12 with related low back pain. Per 6/28/13 progress report, presence of positive facet loading in the lumbar back on both sides was noted. Gaenslen's test was positive. Fabere's test was positive. Pelvis compression was positive. Straight leg raising test was positive on both sides in supine position. There was sacroiliac joint tenderness, and bilateral piriformis muscle twitching was positive. A lumbar CT scan dated 11/9/12 documented disk herniation at L4-L5, L5-S1 with bilateral facet arthropathy. She underwent piriformis injections in the lumbar back with minimal improvement lasting for a period of only three days 6/17/13. She has been treated with physical therapy and medication management. The date of UR decision was 7/15/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MEDIAL BRANCH BLOCKS AT LEFT L3, L4, 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) Low Back.

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 MTUS is silent on medial branch blocks. The ODG criteria was utilized in this rationale. The documentation submitted for review did not contain clinical positive findings of left sided L3-L4 and L4-L5 facet arthropathy and therefore medical necessity cannot be affirmed. The request is not medically necessary.