MAXIMUS Federal Services

Case Number:	CM13-0008473		
Date Assigned:	12/04/2013	Date of Injury:	12/08/2011
Decision Date:	01/30/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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:

The patient is a 56-year-old female who reported a work-related injury on 12/08/2011, as a result of a motor vehicle accident. Subsequently, the patient presents for treatment of the following diagnoses, lumbago, low back pain, myofascial pain, and cervical pain. The clinical note dated 08/27/2013 reports the patient utilizes the following medication regimen: tramadol, Wellbutrin, Lexapro, Norvasc, and trazodone. The provider document the patient presents with low back and leg pain associated with left lower extremity sciatica. The examining provider, [redacted], documents the patient's rate of pain is a 6/10 with medications. The provider documents the patient reports upon physical examination, pain to the left lower extremity, myalgia, motor weakness, stiffness, joint complaints, and arthralgia. The provider documented upon exam of the patient's lumbar spine: painful midline and paraspinal muscles, and tenderness at the bilateral paralumbar muscles. The provider is recommending lumbar medial branch blocks, left then right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for left lumbar medial branch blocks (no levels provided): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Disorders

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 chapter

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacks evidence to support the current request. The patient reports continued cervical and lumbar spine pain complaints status post a motor vehicle accident sustained on 12/08/2011. The clinical notes failed to document the patient's course of treatment over the past 2 years. It is unclear if the patient had previously undergone injection therapy, either for pain relief or for diagnostic purposes. In addition, the current request does not specify at what level the lumbar medial branch blocks are to be rendered. California MTUS/ACOEM does not specifically address. Official Disability Guidelines supports medial branch blocks for patients with low back pain that is non-radicular in origin at no more than 2 levels bilaterally. The clinical documentation submitted for review reports the patient subjectively complains of left lower extremity radiculopathy symptoms. Given all the above, the request for left lumbar medial branch blocks is not medically necessary or appropriate.