

Case Number:	CM13-0011518		
Date Assigned:	03/10/2014	Date of Injury:	04/04/1990
Decision Date:	04/30/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/15/2013

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 Occupational 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:

According to the records made available for review, this is a 74-year-old male with a 4/4/1990 date of injury. At the time of request for authorization for the second lumbar medial branch block (left sided L3 and L4 medial branches and L5 dorsal ramus at the sacral ala) and date of service of 7/24/13, there is documentation of subjective findings including: 100% pain relief following the last medial branch block (MBB). The current diagnosis included: lumbosacral spondylosis without myelopathy. The treatment to date included: medial branch block left L3 and L4 medial branches, and L5 dorsal ramus at the sacral ala (7/16/13), bilateral medial branch block L3 and L5 medial branches, and L5 dorsal ramus at the sacral ala (7/24/13), physical therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND LUMBAR MEDICAL BRANCH BLOCK (LEFT SIDED L3 AND L4 MEDICAL BRANCHES AND L5 DORSAL RAMUS AT THE SECOND ALA) DOS: 7/24/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary (last updated 05/10/2013).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections).

Decision rationale: The MTUS/ACOEM Guidelines identify documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of facet injections. The Official Disability Guidelines do not support a second diagnostic block. Therefore, based on guidelines and a review of the evidence, the request for second lumbar medial branch block (left sided L3 and L4 medial branches and L5 dorsal ramus at the sacral ala), Date of Service 7/24/13 is not medically necessary. The request does not meet guideline criteria.