

Case Number:	CM13-0015995		
Date Assigned:	12/27/2013	Date of Injury:	02/14/2009
Decision Date:	03/26/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/23/2013

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 Anesthesia, has a subspecialty in 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 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:

A 68 year old male injured worker with date of injury 2/14/09. The injury resulted in a left knee fracture and tibia and fibula fracture which required open reduction internal fixation. He has a history of a frozen left ankle secondary to an infection after ORIF for a fracture in the past (8 years ago). Per 6/24/13 report there was persistent left knee pain which radiated down the left lower extremity along the tibial plate and hardware; authorization for removal of the hardware of the left tibial plate was requested. There is left leg discrepancy (shortening). Lumbar MRI dated 3/15/13 showed L2-S1 degenerative disc and facet changes with L3-S1 neural foramen impingement. The records submitted for review do not indicate that physical therapy was performed. The date of UR decision was 8/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 bilaterally medial block to lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 medial branch blocks (therapeutic injections).

Decision rationale: The MTUS is silent on the use of medial branch block injections. Regarding facet joint medial branch blocks (therapeutic injections), the ODG states "Not recommended except as a diagnostic tool. Minimal evidence for treatment." Review of the submitted medical documentation did not indicate that conservative care has been attempted for lower back pain (e.g. physical therapy, acupuncture, chiropractic manipulation). The request is not medically necessary.