

Case Number:	CM13-0026493		
Date Assigned:	11/22/2013	Date of Injury:	04/13/1993
Decision Date:	01/22/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/19/2013

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 Internal Medicine and Cardiology and has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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.

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 63-year-old female who reported a work related injury on 09/07/2007. She sustained a cervical, right shoulder, and right elbow repetitive cumulative industrial related injury. The patient has had right shoulder and elbow injections that gave her temporary relief. She has undergone physical therapy sessions and massage therapy treatments. The patient is not a surgical candidate. She is currently being managed with pain medications

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block at L3-4, L4-5, and L5-S1 on the left with 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

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, Facet joint medial branch blocks (therapeutic injections).

Decision rationale: Recent clinical documentation stated the patient complained of neck and right arm pain. She rated her pain as 9/10. Her medications included Ultram, Cymbalta, Vicodin, Crestor, codeine with Tylenol, Flector and Lidoderm patches. Right shoulder abduction was 160 degrees to right and left. The patient's right shoulder external rotation was at 80 degrees and strength was noted as 5/5. The patient's diagnoses were listed as cervical degenerative disc

disease, right lateral epicondylitis, right supraspinatus tear, partial, and depression/stress. Official Disability Guidelines indicate that lumbar medial branch blocks are for the treatment of chronic lumbar spinal pain. Per recent clinical documentation submitted for review, the patient was not noted to have any subjective complaints or objective findings of lumbar pain. Guidelines indicate the patient must have findings to include tenderness to palpation over the paravertebral areas of the lumbar facet region. Clinical exam of the patient revealed she had tenderness over the left trapezius muscle. She complained of pain to her neck, right arm, and right elbow. The clinical documentation submitted does not support the request for medial branch block at L3-4, L4-5, and L5-S1. Therefore, the request is non-certified.