

Case Number:	CM13-0027480		
Date Assigned:	06/06/2014	Date of Injury:	07/09/2006
Decision Date:	07/14/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/21/2013

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine 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 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:

The injured worker is a 59-year-old male who sustained an injury to his low back on 07/09/06, while working as a firefighter. He fell through a burning floor and injured his low back. Plain radiographs revealed that the hardware is in the appropriate location L'93-4 paucity of bony consolidation in the posterolateral gutters; there is cement in L2 and prior hardware proximately to kyphoplasty (spine surgery) contact. The injured worker is status post lumbar fusion at L3-4. The treatment to date has included lumbar epidural steroid injections, medications, physical therapy, and chiropractic manipulation treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) REQUEST FOR A MEDIAL BRANCH BLOCKS ON THE RIGHT AT L4, L5, AND S1: 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 chapter, Facet joint diagnostic blocks (injections).

Decision rationale: The clinical note dated 08/29/13 reported that the injured worker underwent rhizotomies of the left L4-5 and L5-S1, that provided 70-80% relief in April of 2013. There was no additional significant objective clinical information provided that would support the need for additional diagnostic medial branch blocks, given that successful facet rhizotomy has already been performed at these levels. Given the clinical documentation submitted for review, medical necessity of the request for medial branch blocks on the right L4-5 and L5-S1 between 08/20/13 and 10/27/13 has not been established under the Official Disability Guidelines (ODG).