

Case Number:	CM13-0027966		
Date Assigned:	11/22/2013	Date of Injury:	03/17/2006
Decision Date:	07/30/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 50-year-old female who was reportedly injured on March 17, 2006. The mechanism of injury was stated to be cumulative trauma. The most recent progress note, dated August 26, 2013, indicated that there were ongoing complaints of low back pain radiating to both legs. The physical examination demonstrated tenderness of the lumbar paraspinal muscles without spasms. There was a negative bilateral straight leg raise and a normal lower extremity neurological examination. Previous treatment included epidural steroid injections with limited relief and lumbar spine radiofrequency facet rhizotomy with 18 months relief. A request had been made for medial branch blocks on the right and left and radiofrequency nerve block injections to L2, L3, L4 and L5 and was not certified in the pre-authorization process on September 16, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 MEDIAL BRANCH BLOCKS RIGHT AND LEFT:

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.

Decision rationale: The injured worker has had previous facet rhizotomy blocks with relief lasting 18 months. According to the Official Disability Guidelines, a prerequisite for facet joint radiofrequency neurotomy is a diagnosis of facet joint pain with medial branch blocks. It is unclear why there is a request for medial branch blocks if the injured employee has already had a facet joint radiofrequency neurotomy. Furthermore, the levels for these medial branch blocks are not specified. As such, the request is not medically necessary.

PROSPECTIVE REQUEST FOR 1 RADIOFREQUENCY NERVE BLOCK INJECTIONS TO THE L2, L3, L4, AND L5: 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 radiofrequency neurotomy.

Decision rationale: Although the progress note dated August 26, 2013, stated that the injured employee had good results with the prior radiofrequency nerve block, the Official Disability Guidelines specifically state that no more than two joint level injections should be performed at one time. As such, the request is not medically necessary.