

Case Number:	CM13-0039891		
Date Assigned:	12/20/2013	Date of Injury:	09/17/2005
Decision Date:	05/30/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/09/2013

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 Neurology has a subspecialty in Neuromuscular 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:

The patient sustained a work-related injury on September 17, 2005. He subsequently developed chronic back pain. According to the note dated on August 20, 2013 progress report, the patient physical examination demonstrated lumbar tenderness with reduced range of motion, decreased right hip and right knee strength and decreased sensation of the right L4 and L5 dermatomal. The patient was treated with the pain medication and epidural steroid injections. The provider requested authorization for lumbar medial branch nerve block bilateral sacroiliac injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR RADIOFREQUENCY LUMBAR MEDIAL BRANCH NERVE BLOCK SACRAL BILATERAL S1, S2, S3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 286-328. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), Sacroiliac joint radiofrequency neurotomy (<http://worklossdatainstitute.verioiponly.com/odgtwc/hip.htm#Sacroiliacjoinradiofrequencynurotomy>).

Decision rationale: There is no documentation of the results of previous epidural and facet injections. There are no objective quantification of the effect of pain medications used to treat the patient's condition. Therefore, the request for Radiofrequency lumbar Medial Branch Nerve Block Sacral bilateral S1, S2, S3 is not medically necessary and appropriate.