

Case Number:	CM13-0048766		
Date Assigned:	12/27/2013	Date of Injury:	06/03/2003
Decision Date:	05/23/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/06/2013

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, has a subspecialty in 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 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 is a 46 year old male whose date of injury is 06/03/2003. The patient states his injury occurred due to cumulative trauma from repetitive bending and lifting at work. Note dated 02/05/13 indicates that the patient's chief complaint is of neck and low back pain with bilateral upper extremity symptoms. The patient was reportedly authorized for chiropractic treatment, but was unable to proceed due to personal issues. The most recent note dated 04/10/13 indicates that pain is rated as 8/10. On physical examination there is tenderness to palpation of the cervical and lumbar spines. Range of motion of the cervical and lumbar spines is reduced in all planes. Motor exam is 5/5 for bilateral upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT MEDIAL BRANCH BLOCK AT LEVEL L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, 11th Edition (Web), 2013, Low back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 5-6, 300-303.

Decision rationale: In the case of this injured worker, a progress note on September 28, 2013 documents a physical examination in which there is positive facet challenge on the left. This is corroborated by a lumbar MRI on date of service June 24, 2013 which documents facet arthropathy with postoperative changes at multiple levels from L3 through S1. Given this examination, the request for medial branch block is recommended as medically indicated at this time.

ONGOING CARE WITH ORTHOPEDIST FOR GENERAL ORTHOPEDIC COMPLAINTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 7, page 503.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004) CHAPTER 7, PAGE 127.

Decision rationale: Based on the clinical information provided, the request for ongoing care with orthopedist for general orthopedic complaints is not recommended as medically necessary. There is no clear rationale provided to support the request at this time. There is no current, detailed physical examination submitted for review. There are no specific, time-limited treatment goals provided.

OFFICE VISIT FOLLOW-UP WITH ORTHOPEDIC SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, 2nd Edition (2004), Chapter 7, Pg 503.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: Based on the clinical information provided, the request for office visit follow up with orthopedic surgeon is not recommended as medically necessary. There is insufficient clinical information provided to support this request. There is no clear rationale provided to support the request. There is no current, detailed physical examination submitted for review.