

Case Number:	CM13-0052360		
Date Assigned:	12/27/2013	Date of Injury:	05/08/1965
Decision Date:	06/20/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/15/2013

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 65-year-old male who reported an injury on 05/08/1965. The mechanism of injury was not provided in the clinical documentation submitted. The clinical documentation submitted reported the injured worker has been treated by a chiropractor for posterior neck pain, headaches, and thoracic pain. The documentation submitted reported the injured worker's pain to be improving in the neck and thoracic region. The injured worker reported he had a flare up that included his low back. The provider requested a medial branch block at the bilateral L2, L3, and L4. The Request for authorization was not submitted in the clinical documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK AT BILATERAL L2, L3 AND L4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Medical Branch Block.

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 medical branch block.

Decision rationale: The request for medial branch block at bilateral L2, L3, L4 is not medically necessary. The injured worker had been treated by a chiropractor for posterior neck, headaches, and thoracic pain. The clinical documentation submitted indicated the injured worker had improvement in the neck and thoracic regions for pain. The injured worker was noted to have a flare up that included his lower back. The Official Disability Guidelines do not recommend medial branch blocks except as a diagnostic tool. The guidelines also noted there is minimal evidence for treatment. There was a lack of objective findings of facetogenic pain within the documentation submitted. The provider's rationale was unclear in the clinical documentation. In the clinical documentation submitted, the rationale for the provider's request was unclear. There was also a lack of clinical documentation submitted indicating the injured worker to have a normal straight leg raise. Therefore, the request for a medial branch block at bilateral L2, L3, and L4 is not medically necessary.