

Case Number:	CM13-0052403		
Date Assigned:	12/27/2013	Date of Injury:	03/04/1975
Decision Date:	02/25/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Medicine, and is licensed to practice in New Hampshire, New York, and Washington. 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 physician 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 64-years-old and has chronic back pain. The patient has had multiple spine fusions. Patient presents with chronic thoracic lumbar and left leg pain. Physical examination reveals reduced range of lumbar motion. There is a painful range of motion in the back. Patrick's and reversed from his test is positive bilaterally. There is tenderness along the thoracic paraspinal muscles and over the lumbar facet joints. There was no documented radiculopathy on physical examination. The patient has had previous radiofrequency ablation with documented relief. Treatments to date include physical therapy which was not successful. At issue is whether bilateral medial branch block at T10, T11, T12, and L1 is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right thoracic 10, 11, 12 lumbar medial branch block: 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, Low Back Procedure Summary Chapter.

Decision rationale: This patient does not meet established criteria for medial branch blocks. The patient has previous radiofrequency ablation at the same requested levels, and according to evidence-based guidelines, medial branch blocks are not recommended except as a diagnostic tool. This patient has already had ablation at the requested spinal levels with documented relief. Therefore, the diagnostic use of medial branch blocks has previously already been established in this case and does not need to be repeated. Established criteria indicates that the 2 levels should be performed at the same time. In this case medial branch block procedure at more than 2 levels are requested. Guidelines do not recommend this. In addition, the medical records do not document any specific change in the patient's clinical presentation. They do not document that the clinical findings have changed since the previous radiofrequency ablation procedure. Multiple medial branch blocks are not necessary at this time. The request for right thoracic 10, 11, 12 lumbar medial branch block is not medically necessary or appropriate.