

Case Number:	CM13-0060953		
Date Assigned:	12/30/2013	Date of Injury:	06/13/2002
Decision Date:	05/16/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/04/2013

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, has a subspecialty in Interventional Spine 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 40 year old male with an injury date on 06/13/13. Based on the 10/17/13 progress report, M.D., the patient's diagnosis include mechanical low back pain secondary to lumbar spondylosis and spondylolysis at L5, long acting/short acting opioid therapy, high functional status secondary to #2, and spasm (no specific location indicated). [REDACTED] is requesting for a follow up visit. The utilization review determination being challenged is dated 11/07/13 and recommends denial of both the bilateral medial branch blocks and the follow-up office visits. [REDACTED] is the requesting provider, and he provided treatment reports from 04/26/13- 10/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL MEDIAL BRANCH BLOCKS AT L3-4, L4-5, L5-6 LEVELS: 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 Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: This request is for bilateral medial branch blocks at L3-4, L4-5, and L5-6 levels. ODG Guidelines do not recommend more than 2 levels bilaterally and limited to patients with low back pain that is non-radicular. In this case, the request is for 3 levels, and recommendation is for denial.

FOLLOW-UP OFFICE VISIT: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: In regards to follow-up visits, MTUS requires that the treating physician monitor the patient. Follow-up visitations are needed to monitor patient's progress. Given the patient's persistent symptoms, recommendation is for authorization of the requested follow-up visitation.