

Case Number:	CM14-0001181		
Date Assigned:	01/22/2014	Date of Injury:	04/14/2009
Decision Date:	06/11/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/03/2014

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, and is licensed to practice in Illinois. 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 54 year old male with a reported date of injury of 4/14/09. The mechanism of injury was lifting heavy boxes. The injured worker complained of pain to the right elbow, low back and left shoulder. According to the clinical note dated 7/23/13, the injured worker's back and lower extremity range of motion was flexion to 80 degrees, extension to 90 degrees, rotation to 30 degrees, and right and left bending to 50 degrees. According to the clinical note dated 12/5/13, the injured worker's pain was rated 6-8/10, and motor strength was 5/5. The clinical note reported the injured worker's lumbar flexion to 10 degrees, sacral flexion to 10 degrees, left lateral bending to 10 degrees, and right lateral bending to 15 degrees. The injured worker's diagnoses included insomnia, lumbar disc herniation, facet joint hypertrophy, and lumbar spine nerve root compromise. The injured worker's medication regimen included Vicodin, Metformin, and Lisinopril.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L3,L4,L5 MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM guidelines do not adequately address this issue, so alternate guidelines were used. The Official Disability Guidelines do not recommend the medial branch blocks except as a diagnostic tool. The clinical information provided for review lacks documentation of functional deficits and the goal in utilizing the medial branch blocks. There is a lack of documentation that radiofrequency ablation is being contemplated. In addition, the injured worker has a history of findings consistent with radiculopathy. Therefore, the request is not medically necessary.