

Case Number:	CM14-0102127		
Date Assigned:	07/30/2014	Date of Injury:	10/06/2009
Decision Date:	08/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/02/2014

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 Neurological Surgery 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 records presented for review indicate that this 63 year-old individual was reportedly injured on October 6, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 20, 2014 indicates that there are ongoing complaints of low back pain lower extremity swelling. The physical examination was not recorded. Diagnostic imaging studies objectified multiple level degenerative changes in the cervical spine. Previous treatment includes fusion surgery from T10 through the pelvis. A request had been made for aquatic therapy and was not certified in the pre-authorization process on June 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, L5, S1 Medial Branch Blocks Under Fluoroscopic Guidance.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - Facet Joint Diagnostic Blocks, Criteria for the Use of Diagnostic Blocks "Mediated" Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 102-107.

Decision rationale: When noting the date of injury, the surgical intervention to date, the current physical examination and the lack of objectification of a radiculopathy there is insufficient clinical evidence presented to support the need for 4 level medial branch blocks. As noted in the guidelines, there is no good quality medical indication indicating the efficacy of this device. A number of providers pursue this; however the lack of the physical examination tempered by the exceptional surgery completed, this is not clinically indicated or medically necessary.