

Case Number:	CM14-0103160		
Date Assigned:	07/30/2014	Date of Injury:	02/20/1990
Decision Date:	11/18/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/03/2014

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 Family Medicine and is licensed to practice in Utah. 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 54 year-old female. The patient's date of injury is 2/20/1990. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with neck pain, upper arm injury, lumbar radiculopathy and back pain. The patient's treatments have included nerve studies, imaging studies, and medications. The physical exam findings dated 6/10/2014 show the neck exam with no neck stiffness. There is tenderness in the neck muscles and trapezius. The tone is normal. The shoulder exam showed deep tendon reflex (DTR) intact, range of motion normal, with some tenderness to palpation in the trapezius. The elbow exam has no tenderness over the olecranon or radial head. There is some tenderness over the lateral epicondyles bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block bilaterally at L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar spine, facet joint diagnostic blocks

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a medial branch block bilaterally. Guidelines state the following: Medial branch blocks are indicated for patients with low back pain that is non-radicular. The patient does not meet criteria at this time. According to the clinical documentation provided and current guidelines, a medial branch block bilaterally is not indicated as a medical necessity to the patient at this time.