

Case Number:	CM14-0104659		
Date Assigned:	07/30/2014	Date of Injury:	09/04/2013
Decision Date:	09/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/08/2014

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 Orthopedic 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 48-year-old male was reportedly injured on September 4, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 9, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness over the lumbar spine paraspinal muscles and decreased lumbar spine motion with flexion and extension. There was a positive facet loading test. There was a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine noted annular disc bulging at L4-L5 and L5-S1 causing mild bilateral neural foraminal narrowing as well as mild facet arthrosis at L5-S1. Previous treatment included physical therapy and home exercise for the lumbar spine. A request had been made for physical therapy for the lumbar spine and bilateral medial branch blocks at L3-L4 and L4-L5 and was not certified in the pre-authorization process on June 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT (Physical Therapy) for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: According to the attached medical record, the injured employee has participated in 12 sessions of Physical Therapy for the lumbar spine, and there has been no documented improvement from this prior Physical Therapy. Therefore, it is unclear why there is a recommendation for additional treatment. Therefore, this request for Physical Therapy for the lumbar spine is not medically necessary.

Bilateral Lumbar Medical Branch Block at L3-4 and L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

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 - Lumbar and Thoracic, Facet Joint Diagnostic Blocks, updated July 3, 2014.

Decision rationale: While the Official Disability Guidelines recommends diagnostic set joint medial branch blocks prior to a decision for a facet neurotomy, this request is for these blocks to be performed at L3-L4 and L4-L5. The MRI of the lumbar spine did not indicate any facet arthrosis or hypertrophy at these levels. Therefore, it is unclear why a facet block is requested to be performed at this site. Without additional justification, this request for Bilateral Lumbar Medial Branch Blocks at L3-L4 and L4-L5 is not medically necessary.