

Case Number:	CM14-0129475		
Date Assigned:	08/18/2014	Date of Injury:	12/16/2006
Decision Date:	09/30/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/14/2014

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 Nevada. 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 49-year-old female was reportedly injured on December 16, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 24, 2014, indicates that there are ongoing complaints of thoracic and lumbar spine pain. The physical examination demonstrated decreased spinal range of motion secondary to pain. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a bilateral medial branch facet block at L4 - L5 and L5 - S1 as well as SI joint injections. A request had been made for fluoroscopically-guided diagnostic bilateral L4-5 and bilateral L5-S1 facet joint medial branch block and was not certified in the pre-authorization process on July 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral L4-5 and bilateral L5-S1 facet joint medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

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 Medial Branch Blocks.

Decision rationale: According to the Official Disability Guidelines facet joint medial branch blocks are not recommended except as a diagnostic tool. A review of the attached medical record indicates that the injured employee has already had a previous facet joint medial branch block at L4 - L5 and L5 - S1. The efficacy of these injections is unknown. As such, the request is not medically necessary.