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| Case Number: | CM14-0138733 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 12/04/2007 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 08/15/2014 |
| Priority: | Standard | Application Received: | 08/27/2014 |

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 48-year-old female was reportedly injured on December 4, 2007. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated August 8, 2014, indicates that there are ongoing complaints of back pain and hip pain radiating down the lower extremities. The physical examination demonstrated an antalgic gait and tenderness over the left SI joint. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes lumbar surgery, a spinal cord stimulator, a carpal tunnel release, physical therapy, and oral medications. A request had been made for a sacral medial branch block and was not certified in the pre-authorization process on August 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch nerve block sacral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis Chapter, SI joint blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Sacroiliac Joint Radiofrequency Neurotomy, Updated March 25, 2014

Decision rationale: According to the Official Disability Guidelines, sacral lateral branch blocks as well as sacroiliac joint radiofrequency neurotomy are not recommended. It was stated that limited evidence was found for this procedure. As such, this request for sacral medial branch nerve blocks is not medically necessary.