

Case Number:	CM14-0154827		
Date Assigned:	10/27/2014	Date of Injury:	01/28/2012
Decision Date:	12/03/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 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:

Patient had a date of injury on 1/28/2012. The patient fell hitting his lower back, left foot and knee. Patient has had a history of chronic low back pain. Diagnosis included: lumbar disc disease, lumbar facet syndrome, and status post left knee arthroscopy. Medications include: Norflex, Norco, and Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 through S1 Medial Branch Block: 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, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Median Branch Blocks

Decision rationale: According to guidelines it states conservative treatment must be applied prior to Median branch blocks for at least 4-6 weeks. The patient has had improvement with acupuncture care in December 2013 into January 2014 with improvement but no other treatment

was rendered. Based on the improvement with acupuncture care and other options for improvement based on conservative treatment Median branch block is not medically necessary.