

Case Number:	CM14-0163756		
Date Assigned:	10/08/2014	Date of Injury:	03/12/2014
Decision Date:	12/08/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/06/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 51 year old male who was injured at work on 03/12/2014. He is reported to be complaining of worsening 8-9/10 stabbing and aching low back pains; as well as 9/10 pain in his the right shoulder. The physical examination revealed tenderness in the bilateral thoracic and lumbar facets, pain with facet provocative tests; weakness in the right hand and ankle flexors; slight limitation in the range of motion of the right shoulder. The MRI OF 04/01/14 revealed T12 compression fracture and degenerative changes; a Nerve study of 05/06/14 was reported as normal. The worker has been diagnosed of T12 compression fracture, thoracolumbar strain, right rotator cuff tendinitis medial epicondylagia, right subacromial bursitis. Treatments have included Acupuncture, Naproxen, and Tramadol. At dispute is the request for T10,11,12 MMB#1- Medial Branch Block.

IMR ISSUES, DECISIONS AND RATIONALES

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

T10,11,12 MMB#1- MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low

Back - Lumbar and Thoracic (Acute and Chronic), Facet joint medial branch blocks (therapeutic injections)

Decision rationale: The medical records provided for review do not indicate a medical necessity for T10, 11, 12 MMB#1- Medial Branch Block. The MTUS does not recommend Facet-joint injections. The official Disability Guidelines does not recommend Facet joint medial branch blocks (therapeutic injections) except for diagnostic purposes due to Minimal evidence for treatment. Therefore, the requested treatment is not medically necessary and appropriate.