

Case Number:	CM14-0172701		
Date Assigned:	10/23/2014	Date of Injury:	03/13/2014
Decision Date:	12/02/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/20/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 patient is a 60 year old with an injury date on 3/18/14. Patient complains of burning right lower lumbar pain, left lower lumbar stiffness, rated 2/10 on average and 4/10 with movement, radiating into the left side occasionally per 9/16/14 report. Patient also complains of right foot pain per 9/16/14 report. Based on the 9/16/14 progress report provided by [REDACTED] the diagnoses are: lumbar spondylosis, scoliosis, right foot pain. Exam on 9/16/14 showed "Sensation intact. Reflexes 2+ bilaterally. Pain in proximal joint of big toe." Straight leg raise is negative per 8/15/14 exam. No range of motion testing was found in reports. Patient's treatment history includes aquatic therapy, work restrictions, fusion surgery. [REDACTED] is requesting medial branch block at L3, L4, L5, L6 and L5-S1. The utilization review determination being challenged is dated 9/16/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/24/14 to 10/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Blocks at L3, L4, L5, L6 and L6-S1.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on low back, diagnostic facet blocks

Decision rationale: The patient is a 60 year old with an injury date on 3/18/14. Patient complains of burning right lower lumbar pain, left lower lumbar stiffness, rated 2/10 on average and 4/10 with movement, radiating into the left side occasionally per 9/16/14 report. Patient also complains of right foot pain per 9/16/14 report. Based on the 9/16/14 progress report provided by [REDACTED] the diagnoses are: lumbar spondylosis, scoliosis, right foot pain. Exam on 9/16/14 showed "Sensation intact. Reflexes 2+ bilaterally. Pain in proximal joint of big toe." Straight leg raise is negative per 8/15/14 exam. No range of motion testing was found in reports. Patient's treatment history includes aquatic therapy, work restrictions, fusion surgery. [REDACTED] [REDACTED] is requesting medial branch block at L3, L4, L5, L6 and L5-S1. The utilization review determination being challenged is dated 9/16/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/24/14 to 10/17/14.