

Case Number:	CM14-0021237		
Date Assigned:	05/07/2014	Date of Injury:	02/25/2013
Decision Date:	07/09/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/20/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and New York. 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 47 year old male whose date of injury is 02/25/2013. The injured worker was involved in an altercation with a customer resulting in cuts to the face and tightness to the neck. Evaluation dated 07/29/13 indicates that diagnoses are fractured ring finger of the left hand, now healed but with residual stiffness and weakness; chronic right sided neck and adjacent trapezius muscle strain; and chronic strain/sprain lumbar spine. Pain management report dated 12/19/13 indicates that treatment to date includes physical therapy, MRI and eletrodiagnostic studies (EMG/NCV).

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-S1 MEDIAL BRANCH BLOCKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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 Chapter, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: Based on the clinical information provided, the request for bilateral L4-S1 medial branch blocks is not recommended as medically necessary. There is no current, detailed physical examination submitted for review as required by the Official Disability Guidelines. The injured worker reportedly underwent electrodiagnostic studies (EMG/NCV) and MRI; however, these studies are not submitted for review. There is no indication that the injured worker has undergone any recent active treatment. The Official Disability Guidelines (ODG) require documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks.