

Case Number:	CM14-0030610		
Date Assigned:	06/20/2014	Date of Injury:	01/04/2000
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 55 year old female whose date of injury is 01/04/2000. Treatment to date includes radiofrequency ablation in February 2013. Office visit note dated 04/02/13 indicates that she complains of low back pain, right buttock, hip pain. The injured worker states that radiofrequency procedure improved her buttock pain by 90%. Lumbar MRI dated 09/23/13 revealed at L4-5 there is moderate loss of disc space height. There is a history of L4 discectomy in 1988. Note dated 12/18/13 indicates that radiofrequency ablation took 50% of her pain away.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left L4 and L5 (lower back) medial branch nerve blocks, as an out-patient.: 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) Low Back Chapter, Facet joint diagnostic blocks (injections).

Decision rationale: Based on the clinical information provided, the request for 1 left L4 and L5 medial branch nerve blocks as an outpatient is not recommended as medically necessary. There is no current, detailed physical examination submitted for review. The injured worker has

undergone prior radiofrequency ablation with good results; however, the levels of the procedure are not documented. The Official Disability Guidelines would support one set of medial branch blocks, and there is no clear rationale provided to support medial branch blocks at this time when the injured worker has undergone successful radiofrequency ablation. request is not medically necessary.