

Case Number:	CM14-0031960		
Date Assigned:	06/20/2014	Date of Injury:	03/15/2002
Decision Date:	08/11/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/13/2014

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 Orthopedic Surgery and a specialty in Spine Surgery and is licensed to practice in South D. 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 59 year old female whose reported date of injury is 3/15/2002. There has been instrumented fusion of L3-S1 and computed tomography (CT) reveals the fusion has healed. There is adjacent segment (L2-3) facet degeneration. The claimant has low back pain with bilateral leg pain with motor weaknesses in discrete myotome levels consistent with lumbar radiculopathy. A prior utilization review determination dated March 13, 2014 denied the request for bilateral medial branch block at L2-3 and approved the request for a pain psyche consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2- L3 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(ODG) Low Back (Acute & Chronic) procedure Summary Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint medial branch blocks (therapeutic injections), Facet joint intra-articular injections (therapeutic blocks), Criteria for use of therapeutic intra-articular and medial branch blocks.

Decision rationale: MTUS doesn't specifically address this procedure in similar circumstances. Official Disability Guidelines (ODG) specifically excluded claimants with radicular involvement, which is obvious in this patient with radiating leg pain and myotomal weaknesses found on examination. Given the above the request is not medically necessary.