

Case Number:	CM14-0034313		
Date Assigned:	06/20/2014	Date of Injury:	07/14/2013
Decision Date:	08/12/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/19/2014

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 and is licensed to practice in Nevada. 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 49 year-old individual who was reportedly injured on 7/14/2013. The mechanism of injury is noted as a lifting injury. The most recent progress note dated 6/11/2014 indicates that there are ongoing complaints of low back pain that radiates down bilateral lower extremities. The physical examination demonstrated lumbar: range of motion is decreased with pain. Sensation is decreased to light touch along L4, L5, S1 dermatome's and the right lower extremity. Straight leg test is positive on the right at 60. Positive facet loading. Positive tenderness to palpation over the midline and paraspinal muscles of lumbar spine. Diagnostic imaging studies mention of a previous magnetic resonance image dated 9/26/2013 which states degenerative disc disease as well as facet arthropathy. Official radiologic report is not available for review. Previous treatment includes physical therapy, acupuncture and medications. A request had been made for lumbar medial branch blocks at L3, L4, and L5 and was not certified in the pre-authorization process on 3/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Blocks L3, L4, And L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. After reviewing the medical documentation provided, there was insufficient objective clinical findings to support the need for this procedure. Therefore, this request is deemed not medically necessary.