

Case Number:	CM14-0035450		
Date Assigned:	06/23/2014	Date of Injury:	01/29/1991
Decision Date:	07/24/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/21/2014

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 Neurological Surgery 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 injured worker is a 59-year-old male who was reportedly injured on January 29, 1991. The mechanism of injury was not listed in these records reviewed, The most recent progress note, dated May 21, 2014, indicated that there were ongoing complaints of neck and low back pains. There was a history of a prior lumbar spine discectomy at L5-S1 in both 1995 and 1991. Medications included morphine, Biofreeze and Zanaflex. The physical examination demonstrated tenderness throughout the cervical and lumbar spine paraspinal muscles. Diagnostic imaging studies objectified severe degenerative changes at L5-S1 with moderate spinal stenosis at L4-L5. A request had been made for a left-sided L3, L4, and L5 dorsal median branch block and was not certified in the pre-authorization process on March 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3,L4,L5 Dorsal Median Branch Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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 - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks.

Decision rationale: A review of the attached medical records indicates that there was no information regarding prior conservative treatment that has been provided for the injured employee regarding the low back pain. Other conservative treatment measures should be exhausted prior to considering an invasive procedure such as a medial branch block. Without any demonstrated failure of conservative treatments for the low back, this request for left-sided L3, L4 and L5 dorsal median branch blocks is not medically necessary.