

Case Number:	CM14-0036065		
Date Assigned:	06/23/2014	Date of Injury:	03/01/2010
Decision Date:	08/05/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 52 year old male whose date of injury is 03/01/2010. The mechanism of injury is described as repetitively lifting toilets. Magnetic resonance image of the lumbar spine dated 04/26/10 revealed minimal loss of disc height with small posterior annular tear and broad based disc bulge accompanied by mild posterior facet and ligamentum hypertrophy with tiny facet effusions at L4-5 and L5-S1. Progress report dated 01/28/14 indicates that diagnoses are neck sprain/strain, lumbosacral sprain/strain, and brachial neuritis or radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block to L3-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Criteria for the use of diagnostic blocks for facet.

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 medial branch block to L3-L5 is not medically necessary. There is no current, detailed physical examination

submitted for review. The most recent office visit note provided is from March 2014. There is no comprehensive assessment of recent treatment completed to date or the injured worker's response there to submitted for review. Therefore, the current request is not in accordance with the Official Disability Guidelines, and medical necessity is not established.