

Case Number:	CM14-0038951		
Date Assigned:	06/27/2014	Date of Injury:	08/25/2010
Decision Date:	08/18/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/02/2014

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 records presented for review indicate that this 54-year-old male was reportedly injured on August 25, 2010. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated June 17, 2014, indicates that there are ongoing complaints of left ankle and multiple joint pain. The pain level is described as 10/10. The physical examination demonstrated a well-developed, well-nourished individual that appears to be anxious and depressed. A decrease lumbar spine range of motion is noted, straight leg raising is positive on the right, and no specific neurologic losses identified. The knee examination notes a decrease in motor function of 3/5. Diagnostic imaging studies objectified no acute pathology. Previous treatment includes multiple medications and surgical intervention for the ankle fracture. A request was made for medial branch blocks at three levels in the lumbar spine and was not certified in the pre-authorization process on March 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block Left Lumbar 3-4, Lumbar 4-5, Lumbar 5-Sacral 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 102.

Decision rationale: As outlined in the literature, facet joint blocks and medial branch blocks are not recommended for treatment of low back disorders. There is very little efficacy established for such interventions. Furthermore, one does not cover three levels therefore, the parameters are not completed. The medical necessity is not been established for this procedure.