

Case Number:	CM14-0044401		
Date Assigned:	07/02/2014	Date of Injury:	02/11/1992
Decision Date:	08/20/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/11/2014

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 63 year old female was reportedly injured on February 11, 1992. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 25, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities with cramping in the feet and calves. The physical examination demonstrated an antalgic gait. There was decreased range of motion of the lumbar spine and tenderness over the bilateral lumbar spine paraspinal muscles and sacroiliac joints. There was a positive facet loading test bilaterally. Diagnostic imaging studies reported mild degenerative changes of the cervical spine with mild to moderate C5/C6 neural foraminal stenosis. A CT of the lumbar spine noted an L4 laminectomy and L4 through S1 posterior fusion without any evidence of hardware failure. Previous treatment includes a home exercise program a request had been made for a medial branch block at the bilateral L3/L4 level and was not certified in the pre-authorization process on April 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Branch Block Bilateral L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 11th edition (web), 2013, Low back, facet joint diagnostic blocks.

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 and Thoracic, Facet Joint Diagnostic Blocks, Updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines facet joint diagnostic blocks should only be pursued after there is documentation of failure of conservative treatment to include home exercise, physical therapy, and anti-inflammatory medications. The attach medical record does not contain any documentation that these treatments have failed to provide any improvement. Therefore this request for medial branch blocks at the bilateral L3/L4 level is not medically necessary.