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| Case Number: | CM14-0048864 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 12/07/2001 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 03/17/2014 |
| Priority: | Standard | Application Received: | 03/27/2014 |

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 Orthopedic Surgery and is licensed to practice in New York. 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 patient is a 50-year-old male with a date of injury of December 7, 2001. The patient has chronic back pain. A physical examination demonstrates painful range of motion. The patient had posterior lumbar laminectomy surgery at L3-4 with medial facetectomy at L3-4 and resection of the facet cyst on November 15, 2013. The medical records do not document that the patient has completed postoperative physical therapy. Medical records do not document current conservative measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

One medial branch block/facet joint injection at L3-4 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG Low Back Chapter.

Decision rationale: This patient does not meet establish criteria for facet block treatment. Specifically, the medical records do not document that the patient has tenderness to palpation of the facet joints. The medical records do not document adequate conservative measures including

home exercise and physical therapy. There is no documentation that the patient has facet-generated pain. Guidelines do not support the use of medial branch block in this patient at the current time. Therefore, the request is not medically necessary.