

Case Number:	CM14-0049939		
Date Assigned:	07/07/2014	Date of Injury:	10/28/2005
Decision Date:	08/22/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/17/2014

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 Family Practice 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 claimant is a 53 year old male who sustained a work injury on 8/27/12 involving the neck and low back. He was diagnosed with L5 radicular pain, chronic right shoulder pain and cervical disc herniation. He had undergone cervical epidural steroid injections. He used oral analgesics for pain control. A progress note on 3/25/14 indicated the claimant had 6/10 low back pain. Pain medication caused GI upset. Physical findings were notable for pain with extension and right iliac crest pain. The treating physician requested for lumbar dorsal medial branch blocks of L3, L4 and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right L3, L4 and L5 dorsal medical branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Pain.

Decision rationale: According to the ACOEM guidelines, invasive techniques such as nerve blocks are of questionable merit. The treatments do not provide any long-term functional benefit

or reduce the need for surgery. According to the ODG guidelines medial branch blocks are not recommended for treatment as there is minimal evidence . It can be used as a diagnostic tool. Based on the above, the request for a lumbar medial branch block is not medically necessary.