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| Case Number: | CM14-0066174 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 11/28/2008 |
| Decision Date: | 08/11/2014 | UR Denial Date: | 05/05/2014 |
| Priority: | Standard | Application Received: | 05/09/2014 |

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 55-year-old female was reportedly injured on November 28, 2008. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated June 23, 2014, indicated that there were ongoing complaints of neck pain and headaches as well as left shoulder pain and low back pain. There were no complaints of radiating pain or numbness and tingling in the upper or lower extremities. Current medications include tramadol, zolpidem, and benazepril. The physical examination demonstrated decreased cervical spine range of motion and diffuse palpable tenderness along the cervical spine. There was decreased left shoulder range of motion, diffuse palpable tenderness, and a positive impingement sign. The examination of the lumbar spine noted a positive bilateral straight leg raise test at 80 and decreased lumbar spine range of motion. Previous treatment included lumbar facet joint injections at L4-L5 and L5-S1. A request was made for a lumbar medial branch block at the bilateral L3, L4, and L5 levels and was not certified in the pre-authorization process May 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Median Branch Nerve Block (Bil L3, L4, L5): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical measures, Radiofrequency neurotomy Page(s): 102.

Decision rationale: According to the attached medical record, the injured employee has previously received lumbar facet joint injections at L4-L5 and L5-S1 with resultant pain relief. The California Chronic Pain Medical Treatment Guidelines do not recommend repeat medial branch blocks but rather preceding to radiofrequency nerve ablation. It is unclear why there is an additional request for repeat lumbar spine medial branch blocks. Without particular justification, this request for lumbar median branch nerve blocks at the bilateral L3, L4, and L5 levels is not medically necessary.