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| Case Number: | CM14-0078313 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 05/19/2011 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 05/19/2014 |
| Priority: | Standard | Application Received: | 05/28/2014 |

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 injured worker is a 56 year-old female who was reportedly injured on 5/19/2011. The mechanism of injury is not listed. The most recent progress note dated 6/20/2014 indicates that there are ongoing complaints of low back pain that radiates in the bilateral posterior thigh and calf. The physical examination demonstrated lumbar spine: standing range of motion is 30; a seated straight leg raise test is negative, toe and heel walking/raising are normal, deep knee bending is normal, gait is normal and a motor exam of 5/5. A sensory exam states "left dorsal lateral thigh and calf region". Knee and ankle reflexes are too-3+ and brisk. No recent diagnostic studies are available for review. Previous treatment includes cervical surgery; a request was made for medial branch nerve block bilateral lumbar at L3, L4, and L5 and was not certified in the pre-authorization process on 5/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

A medial branch nerve block lumbar L-3, L4 and L5 bilaterally.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The treatment guidelines support lumbar medial branch blocks to aid in determining whether or not the claimant is a candidate for rhizotomy. The guideline criteria for support of this diagnostic intervention includes non-radicular pain (where no more than 2 levels are being injected bilaterally), and when objective evidence of pain is noted that is significantly exacerbated by extension and rotation or associated with lumbar rigidity, and when there has been suboptimal response to other conservative treatment modalities. After review the medical records provided the injured worker has been unremarkable physical exam. There were no objective clinical findings of pain with range of motion. Therefore lacking pertinent objective clinical findings on physical exam this request is deemed not medically necessary.