

Case Number:	CM14-0080789		
Date Assigned:	07/18/2014	Date of Injury:	09/04/1984
Decision Date:	09/16/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 65 year old female whose date of injury is 09/04/1984. The mechanism of injury is not described. Soap note dated 07/21/14 indicates that the injured worker complains of chronic low back pain in the setting of lumbar degenerative disc disease and lumbar radiculopathy. Pain level is 7/10 with medications. She has radicular symptoms down her legs. On physical examination lumbar range of motion is restricted. Straight leg raising is negative on the right, weakly positive on the left. Sensation and motor testing is intact. Deep tendon reflexes are normal. Assessment notes lumbar degenerative disc disease and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5, L5-S1 medial branch block: Upheld

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

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 Chapter, Facet joint diagnostic blocks (injections).

Decision rationale: Based on the clinical information provided, the request for bilateral L4-5 & L5-S1 medial branch block is not recommended as medically necessary. The injured worker

sustained injuries approximately 30 years ago. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no indication that the injured worker has undergone any recent active treatment. The injured worker presents with a diagnosis of lumbar radiculopathy. The Official Disability Guidelines note that the requested blocks are limited to injured workers with low back pain that is non-radicular.