

Case Number:	CM14-0090006		
Date Assigned:	09/10/2014	Date of Injury:	02/23/2011
Decision Date:	10/22/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/16/2014

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 52 year-old male who was reportedly injured on 2/23/2011. The most recent progress note dated 4/2/2014, indicates that there were ongoing complaints of neck and low back pain. The physical examination demonstrated normal gait, sensory and motor exam was intact in the bilateral upper extremities. Positive facet loading test on the right lumbar spine region. Sensation intact bilateral lower extremities. Positive straight leg raise bilaterally is 60 to ankles, patient is able to heel and toe walk normally and rise from a squatting position. No recent diagnostic studies were available for review. Previous treatment includes right and left shoulder arthroscopy, previous medial branch block, medications, acupuncture, chiropractic care, and physical therapy. A request was made for medial branch block right L3-L4 and L4-L5 facet, and was not certified in the pre-authorization process on 5/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONFIRMATORY MEDIAL BRANCH BLOCK RIGHT L3/4 AND L4/5 FACET:

Upheld

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

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, it is noted the claimant has had previous medial branch blocks, but the response is documented as equivocal. Based on lack of clinical documentation concerning the benefits from previous injection, this request is deemed not medically necessary at this time.