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| Case Number: | CM14-0035371 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 02/23/2011 |
| Decision Date: | 01/06/2015 | UR Denial Date: | 03/03/2014 |
| Priority: | Standard | Application Received: | 03/21/2014 |

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 Occupational 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:

This is a 47-year-old male with a 2/23/11 date of injury. The injury occurred when he was installing a generator and an explosion burned the left side of his face, neck, ear, left shoulder, and forearm. According to a progress report dated 1/29/14, the patient presented for a follow-up regarding his bilateral shoulder and right hip symptoms, rated as a 5-6/10. He had a medial branch block of the right L3-4 and L4-5 facet joints on 10/29/13. Objective findings: decreased range of motion of bilateral shoulders, 5-/5 strength in all quadrants, decreased range of motion of right hip, no instability of right hip, pain in groin region with range of motion. Diagnostic impression: left shoulder soft tissue burn with healed lesion, right hip internal derangement and contusion with anterior pain, bilateral carpal tunnel syndrome, status post right shoulder arthroscopic subacromial decompression on 9/10/12, status post left shoulder arthroscopic subacromial decompression on 1/7/13, cervical and lumbar facet arthropathy, cervical and lumbar radiculopathy. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 3/3/14 denied the request for Confirmatory Medial Branch Block right L3-4, L4-5. There is no detailed discussion of the efficacy of prior treatment. Based on the diagnosis and considering that the injured worker has already had one technically adequate similar set of MBBs, without new hard clinical indications to do a repeat of the same, the request is not medically necessary.

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, L4-5: 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 - Medial Branch Blocks

Decision rationale: CA MTUS does not address this issue. ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. ODG's criteria for the use of diagnostic blocks for facet "mediated" pain require one set of diagnostic medial branch blocks with a response of 70%. In the present case, it is noted that the patient had a medial branch block of the right L3-4 and L4-5 facet joints on 10/29/13. However, there is no documentation of his response to the previous procedure. In addition, there is a lack of evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Furthermore, the most recent progress report provided is dated 1/29/14. More recent documentation of the patient's current condition and treatment to date is necessary to determine the medical necessity of the requested service. Therefore, the request for Confirmatory Medial Branch Block right L3-4, L4-5 is not medically necessary.