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| Case Number: | CM14-0042133 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 07/16/2013 |
| Decision Date: | 01/26/2015 | UR Denial Date: | 03/10/2014 |
| Priority: | Standard | Application Received: | 04/09/2014 |

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 23 year old male with date of injury 7/18/13. The mechanism of injury is stated as twisting his back while handling heavy furniture. The patient has complained of low back pain since the date of injury. He has been treated with physical therapy, acupuncture, medications and TENS unit. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the lumbar spine. Diagnoses: lumbar spine pain, myofascial pain. Treatment plan and request: L3-4, L4-5, L5-S1 right medial branch nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4, L4-L5, L5-S1 right medial branch nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideines, low back, facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 301.

Decision rationale: This 23 year old male has complained of low back pain since date of injury 7/18/13. He has been treated with physical therapy, acupuncture, medications and TENS unit. The current request is for L3-4, L4-5, L5-S1 right medial branch nerve block. Per the MTUS

guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. On the basis of the above cited MTUS guidelines, L3-4, L4-5, L5-S1 right medial branch nerve block are is not indicated as medically necessary.