

Case Number:	CM14-0095931		
Date Assigned:	07/25/2014	Date of Injury:	11/14/2012
Decision Date:	02/13/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/24/2014

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 Orthopedic Surgery 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 39-year-old female with an 11/14/12 date of injury. The injury occurred while she was lifting boxes. According to an appeal note dated 6/13/14, the patient had pain in the back, and the majority of the pain was localized in the lower back. Physical examination showed evidence of tenderness to palpation over the facet joints and the paralumbar spine, as well as positive facet loading. Diagnostic impression: MRI showed evidence of degenerative disc disease and facet arthropathy. Treatment to date: medication management, activity modification, physical therapy, and trigger point injections. A UR decision dated 6/10/14 denied the request for right L3-5 medial branch blocks. There is not sufficient objective documentation of axial back pain, such as a positive facet loading test. Furthermore, there is insufficient diagnostic evidence of facet hypertrophy or arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RT L3-L5 medial branch blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Medial Branch Blocks

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. However, in the present case, there is no documentation that this patient has failed conservative measures of treatment. There is no documentation that this patient has failed treatment with physical therapy, medications, or home exercises. Therefore, the request for RT L3-L5 medial branch blocks is not medically necessary.