

Case Number:	CM15-0195960		
Date Assigned:	10/09/2015	Date of Injury:	03/05/2012
Decision Date:	11/18/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 45 year old female who sustained an industrial injury 03-05-12. A review of the medical records reveals the injured worker is undergoing treatment for cervical, thoracic and lumbar spinal pain, rotator cuff tear, and disk annular disruption syndrome. Medical records (08-10-15) reveal the injured worker complains of cervical pain rated at 4/10, back pain rated at 5/10, left shoulder pain rated at 2/10, headaches rated at 4/10, and low back pain rated at 4/10. The physical exam (08-10-15) reveals painful palpation in the cervical and thoracic spines, as well as the lumbar spines. However in the lumbar spine she has "marked increased range of motion and decreased pain on presentation." Prior treatment includes a dorsi rami diagnostic block at L3-5 in 07-13 with reported 80% improvement in symptoms, as well as medications. The original utilization review (09-28-15) non certified the request for bilateral L3- 5 medial branch blocks Dorsal Ramus blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4 MBB Dorsal Ramus 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 (ODG), Low Back.

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 / Facet joint medial branch block (therapeutic injections).

Decision rationale: Per ODG Low Back / Facet joint medial branch block (therapeutic injections), medial branch blocks are "not recommended except as a diagnostic tool. Minimal evidence for treatment." As this procedure is not recommended per ODG guidelines, the recommendation is for non-certification. Therefore, the requested treatment is not medically necessary.