

Case Number:	CM15-0208424		
Date Assigned:	10/27/2015	Date of Injury:	02/26/2014
Decision Date:	12/15/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/22/2015

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, North Carolina

Certification(s)/Specialty: Family Practice

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 61 year old female who sustained an industrial injury 02-26-14. A review of the medical records reveals the injured worker is undergoing treatment for lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and bilateral sacroiliac joint sprain-strain. Medical records (09-29-15) reveal the injured worker complains of cervical and lumbar spine pain, which is not rated. The physical exam (09-29-15) reveals tenderness in the cervical and lumbar spines. The notes are handwritten and difficult to decipher. The physical exam (09-23-15) reveals restricted range of motion in the lumbar spine. Sensation is noted to be intact to all dermatomes. Prior treatment includes medications and exercises. The treating provider reports the plan of care includes bilateral L4-S1 medial branch blocks and post evaluation with the physician. The original utilization review (10-22-15) non-certified the request for post evaluation after the bilateral L4-S1 medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post evaluation following recommended L4/L5, L5-S1 MMB: 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), Office visits.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s):
Follow-up Visits.

Decision rationale: CA MTUS does not directly address follow-up visits, however ACOEM, chapter 7, recommends expert consultation when the plan or course of care may benefit from additional expertise. The determination of the necessity of an office visit requires individualized case review and assessment. A progress report (9/23/2015) contained within the records submitted include a request for bilateral lumbar median branch nerve blocks at L4-S1. However, there is no indication that such a procedure has been approved for which a post-procedure evaluation would be appropriate. Therefore, the request is not medically necessary or appropriate.