

Case Number:	CM14-0006633		
Date Assigned:	03/03/2014	Date of Injury:	01/30/2007
Decision Date:	06/30/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/17/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 injured worker is a 58-year-old male who reported an injury on January 30, 2007 due to a motor vehicle accident. The injured worker's treatment history included physical therapy, epidural steroid injections, cervical surgical interventions, and multiple medications. The injured worker was evaluated on January 6, 2014. Physical findings included tenderness to palpation of the facet joints, and pain with facet loading of the lumbar spine. Additional findings included 4/5 motor strength of the bilateral lower extremities; however, a negative straight leg raising test. The injured worker's diagnoses included thoracic radiculopathy, pain in joint, thoracic spondylosis, cervical radiculopathy, lumbar spondylosis, knee encephalopathy, and hip pain. The injured worker's treatment plan included a bilateral medial branch block at the L3-4, and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L3-L4, L5-S1 MEDICAL BRANCH BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: The California Medical Treatment Utilization Schedule recommends medial branch blocks as diagnostic tools to determine the appropriateness of a radiofrequency ablation. The clinical documentation submitted for review indicates that the injured worker has already received a radiofrequency ablation at the L4-5 and L5-S1. Therefore, the need for an additional medial branch block at the L5-S1 is not supported by Guideline recommendations. Additionally, the clinical documentation submitted for review does not specifically identify what level the injured worker's facet mediated pain is generated by. The request for bilateral L3-L4, L5-S1 medical branch block is not medically necessary or appropriate.