MAXIMUS Federal Services

Case Number:	CM14-0119639		
Date Assigned:	08/06/2014	Date of Injury:	04/03/2008
Decision Date:	10/10/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/29/2014

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 Nevada. 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 records presented for review indicate that this 55-year-old female was reportedly injured on 4/03/2008. The most recent progress note, dated 6/04/2014. Indicates that there are ongoing complaints of LBP (Low Back Pain). The physical examination is handwritten and partially legible, it demonstrated: Initial guarding upon rising, nothing else is legible. Diagnostic imaging studies include an MRI of the lumbar spine dated 5/27/2014 which reveals status post L4-5 discectomy and posterior spinal fusion. Right foraminal stenosis has improved. Previous treatment includes lumbar fusion, medications, therapy. A request had been made for Medial branch block, epidural steroid injection, facet block X 3, and was not certified in the pre-authorization process on 7/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) - Low Back Disorders; Clinical Measures - Diagnostic Investigations (electronically sited).

Decision rationale: After review the medical records provided there was insignificant documentation submitted for review to justify the requested procedure. Therefore this request is not medically necessary.

EESI (epidural steroid injection): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: After review the medical records provided there was insignificant documentation submitted for review to justify the requested procedure. Therefore this request is not medically necessary.

Facet block x 3 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Low Back Disorders; Clinical Measures - Diagnostic Investigations (electronically sited).

Decision rationale: After review the medical records provided there was insignificant documentation submitted for review to justify the requested procedure. Therefore this request is not medically necessary.