

Case Number:	CM14-0126588		
Date Assigned:	08/13/2014	Date of Injury:	10/30/2013
Decision Date:	10/09/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/09/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 43 year old female with date of injury 10/30/13. The mechanism of injury is stated as hurting her back while picking up a heavy object. The patient has complained of lower back pain since the date of injury. She has been treated with physical therapy, chiropractic therapy and medications. There are no radiographic data included for review. Objective: decreased and painful range of motion of the lumbar spine; bilateral sacroiliac joint tenderness to palpation. Diagnoses: lumbar spondylosis, lumbar sprain. Treatment plan and request: bilateral medial branch block L3, 4, 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block at L3, 4, 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: This 43 year old female has complained of lower back pain since date of injury 10/30/13. She has been treated with physical therapy, chiropractic therapy and medications. The current request is for bilateral medial branch block L3, 4, 5. Per the ACOEM

Guidelines, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications, are of questionable benefit and offer no significant long term functional benefit. On the basis of the ACOEM Guidelines, the request for bilateral medial branch block of L3, 4, 5 is not indicated as medically necessary.