

Case Number:	CM14-0177813		
Date Assigned:	10/31/2014	Date of Injury:	03/07/2013
Decision Date:	12/08/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/27/2014

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:

Medical records reflect the claimant is a 29 year old male who sustained a work injury on 3-7-13. Office visit on 9-23-14 notes the claimant has continued low back pain with left leg pain, numbness and paresthesias. The claimant reported that the left leg gave out resulting in a fall. The claimant was placed on modified duties. The claimant had an MRI of the lumbar spine dated 2-11-14 showed a 4 mm broad based disc bulge, facet hypertrophy and ligamentum hypertrophy which resulted in moderate right neural foraminal narrowing. There is also degenerative disc disease and 4 mm broad based disc bulge at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Medial Branch Block L3-L4 L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 chapter - facet joint medial branch block

Decision rationale: ODG notes that medial branch blocks are limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. This claimant reports

weakness, he has some radicular complaints. Additionally, his physical exam does not support facet mediated pain with facet tenderness upon palpation. Therefore, the medical necessity of this request is not established.