

Case Number:	CM14-0095956		
Date Assigned:	07/25/2014	Date of Injury:	12/18/1983
Decision Date:	09/16/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/24/2014

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:

This is a 61-year-old gentleman who was injured on December 18, 1983. The mechanism of injury was not listed in the records reviewed. The most recent progress note, on March 31, 2014, indicated that there were ongoing complaints of low back pain. The physical examination showed spasms along the lumbar spine paraspinal muscles as well as vertebral tenderness from L4 through S1. There is decreased lumbar spine range of motion and decreased muscle strength in the bilateral lower extremities. Diagnostic imaging studies of the lumbar spine revealed a 2 mm anterolisthesis up L4 on L5 and L5 on S1. Disc degeneration was noted throughout the lumbar spine. There was a broad-based disc bulge at L4-L5 as well as another broad-based disc bulge at L5-S1 with facet degenerative disc disease. Previous treatment included physical therapy and lumbar epidural steroid injections. A request had been made for a bilateral median branch nerve block from L4 through S1 and was not certified in the pre-authorization process on June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch nerve block bilaterally from L4-S1 between 4/24/14 and 7/23/14: Overturned

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

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 - Lumbar and Thoracic, Facet Joint Diagnostic Blocks, Updated August 22, 2014.

Decision rationale: The previous utilization management review did not certify the request for median branch blocks from L4 through S1 stating there was a lack of conservative treatment. The progress notes on, March 31, 2014, indicated there has been a lack of improvement with physical therapy and lumbar spine epidural steroid injections. Considering this, this request for median branch nerve blocks bilaterally from L4 through S1 is medically necessary.