

Case Number:	CM14-0147044		
Date Assigned:	09/15/2014	Date of Injury:	05/11/2012
Decision Date:	10/22/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/10/2014

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 Occupational Medicine and is licensed to practice in California. 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 54 year old female with a 5/11/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/4/14 noted subjective complaints of lower back pain. Objective findings included lumbar tenderness and facet joint tenderness. Diagnostic Impression: lumbosacral disc degeneration, facet arthropathy. Treatment to Date: medication management. A UR decision dated 8/26/14 denied the request for lumbar medial branch block L3-S1. There was no clear detail provided whether this block is being requested for diagnostic or therapeutic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Block L3-S1: 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 - medial branch blocks

Decision rationale: CA MTUS does not specifically address medial branch blocks. ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-

radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. However, there is no clear documentation of conservative management. Additionally, the request is for more than the guideline recommended 2 levels bilaterally. Therefore, the request for lumbar medial branch block L3-S1 was not medically necessary.