

Case Number:	CM14-0173327		
Date Assigned:	10/24/2014	Date of Injury:	07/01/2009
Decision Date:	11/25/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/20/2014

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 Family Practice, 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:

53 yr. old female claimant sustained a work injury on 7/1/09 involving the neck and low back. She was diagnosed with cervical degenerative disc disease, lumbar facet arthropathy, depression and anxiety. She had received benefit from a prior lumbar facet block. She underwent a radiofrequency thermocoagulation along with an epidural steroid injection of the lumbar spine on 10.29.12. A progress note on 9/16/14 indicated the claimant had continued back pain. The prior RFTC procedure in 2012 provided 1 year of relief. Exam findings were notable for tenderness in the paraspinal region and limited range of motion. A request was made for another RFTC procedure and if not approved a medial branch block of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Lumbar MBB if the RFTC is not authorized: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (acute and chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Lumbar complaints

Decision rationale: According to the guidelines, invasive techniques such as joint injections and blocks do not have lasting benefit. The claimant had already received prior RFTC intervention. Medial Branch blocks are not recommended except for diagnostic purposes. There is minimal evidence for its use. Based on the guidelines and the history of already receiving prior RFTC with the possibility of receiving another based on the positive clinical response, the Lumbar MBB is not medically necessary.