

Case Number:	CM13-0002732		
Date Assigned:	11/08/2013	Date of Injury:	01/19/2002
Decision Date:	06/25/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/23/2013

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:

The applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 19, 2002. A January 18, 2013 progress note was notable for comments that the applicant underwent right-sided medial branch blocks. The applicant was described as no longer working in her former role as a waitress. In a subsequent note of March 26, 2014, the applicant was given a variety of diagnoses, including left-sided sciatica, facetogenic pain, myofascial pain, trochanteric bursitis, hip pain, and piriformis syndrome. The applicant exhibited an antalgic gait with limited range of motion about the hip. Positive straight leg rising was noted on one side.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK ON THE RIGHT SIDE AT L3, L4 AND L5:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,309.

Decision rationale: Medial branch blocks represent a form of diagnostic facet injection. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, facet neurotomy

should be performed in individuals who demonstrate a favorable response to diagnostic medial branch blocks. In this case, however, the applicant has already had earlier medial branch blocks which were not successful. The applicant did not derive any lasting benefit or functional improvement through prior diagnostic medial branch blocks. The applicant is off of work. The applicant remains highly reliant on various opioids and non-opioid agents, including long-acting morphine. It is further noted that the overall ACOEM recommendation on all forms of facet joint injections, diagnostic and therapeutic, in Chapter 12, Table 12-8, page 309 is "not recommended." Finally, it is noted that there is some lack of diagnostic clarity here. The applicant has been given diagnoses of hip pain, myofascial pain, facetogenic pain, and radicular pain. These diagnoses, in some cases, are mutually exclusive. Accordingly, the request is not medically necessary and appropriate on several levels, including the applicant's poor response to earlier medial branch blocks, the lack of diagnostic clarity, and the unfavorable ACOEM.