

Case Number:	CM13-0009411		
Date Assigned:	11/01/2013	Date of Injury:	07/10/2009
Decision Date:	01/23/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

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 is a represented [REDACTED] carpenter who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of July 10, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; corticosteroid injections to the right knee; a TENS unit; and apparent return to work. In a utilization review report of July 24, 2013, the claims administrator denied the request for diagnostic medial branch block. The applicant later appealed. A later progress note of August 29, 2013 is notable for comments that the applicant has reportedly worsened. He has burning pain about the right knee. He has low back pain with associated limping. Tenderness is appreciated about the knee. The lumbar range of motion is limited with positive facet loading. The applicant is neurologically unchanged. He is asked to pursue a diagnostic medial branch block. Also reviewed is a comprehensive permanent and stationary report of April 18, 2013. It is stated that the claimant has a lumbar MRI imaging showing low-grade disk bulges. He has had intermittent radicular complaints over the years but has never had any prior medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic medial branch block L3, L4, L5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 298-301.

Decision rationale: The MTUS/ACOEM Guidelines indicate that facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch blocks. In this case, there is some lack of diagnostic clarity as to what precisely is causing the applicant's symptoms. The applicant may be having facetogenic low back pain versus radicular low back pain versus low back pain superimposed on knee pain. He has not had any prior diagnostic medial branch blocks. A trial of the same may therefore be indicated, as suggested by the guidelines.