

Case Number:	CM13-0018853		
Date Assigned:	12/11/2013	Date of Injury:	01/24/2012
Decision Date:	01/27/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/30/2013

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. 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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 24, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; MRI imaging of April 1, 2013, notable for disk desiccation and an annular tear at L5-S1; electrodiagnostic testing in 2013, notable for possible right sided L4-L5 radiculopathy; and extensive periods of time off of work. A consultation report of February 22, 2013, states that the applicant last worked on January 23, 2013. In a utilization review report of August 14, 2013, the claims administrator denied a request for medial branch blocks. In an appeal letter of August 27, 2013, it is stated that the applicant has low back pain shooting down the left lower extremity with associated numbness and tingling. Epidural steroid injections were reportedly performed. The applicant's neurosurgeon believes that the diagnostic medial branch blocks should be carried out to differentiate between discogenic pain versus facetogenic pain. It is stated that these procedures are being requested specifically for diagnostic purposes as opposed to therapeutic purposes. A later note of October 17, 2013 is notable for comments that the applicant is Spanish speaking and requires the presence of a translator.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left L3, L4, and L5 diagnostic medial branch blocks with translator present: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

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

Decision rationale: The ACOEM Guidelines in chapter 12 support differential dorsal ramus medial branch diagnostic blocks in applicants with pain that appears to be facetogenic in nature, in this case, however, the applicant's pain has clearly been deemed radicular in nature. The applicant apparently had only had positive electrodiagnostic testing establishing a diagnosis of lumbar radiculopathy. There does not appear to be a clear-cut facetogenic element to the applicant's pain complaints. The unfavorable recommendation in the ACOEM Guidelines in chapter 12 is echoed by the third edition ACOEM Guidelines, which do not endorse diagnostic facet joint injections in the presence of any "radicular pain syndromes." In this case, the claimant in fact has an electrodiagnostically confirmed radicular pain syndrome for which facet joint blocks are not recommended by ACOEM Guidelines. Therefore, the request for Left L3, L4, and L5 diagnostic medial branch blocks with translator present is not medically necessary and appropriate.