

Case Number:	CM13-0028424		
Date Assigned:	11/27/2013	Date of Injury:	12/01/1997
Decision Date:	03/18/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/24/2013

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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The claimant is a [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with industrial injury of December 1, 1997. Thus far, the claimant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; MRI imaging of the lumbar spine of April 29, 2012, notable for multilevel spinal stenosis at L4-L5 and L5-S1; and apparent retirement from the workplace. In a Utilization Review Report of September 11, 2013, the claims administrator modified a request for medial branch blocks with fluoroscopic guidance to medial branch blocks without fluoroscopic guidance. The claims administrator did not furnish any rationale for the modification to specifically exclude lack of fluoroscopic guidance. In a clinical progress note of August 28, 2013, the claimant presented with low back pain without numbness or tingling. The applicant attributed her symptoms to repetitive lifting of grocery articles. The applicant's medication list included Mobic, Nexium, Allegra, Norvasc, Zolof, and Zocor. The applicant is a recently diagnosed hypertensive. The applicant has a BMI of 33. Limited lumbar range of motion and spinal paraspinal tenderness with trigger point tenderness is also appreciated. Facetogenic tenderness was noted. The claimant was asked to pursue diagnostic medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for L3-5 medial branch block with fluoroscopic lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1820854-overview> - Paraspinal Injections - Facet Joint and Nerve Root Blocks.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, medial branch diagnostic blocks can be considered precursor to subsequent performance of radiofrequency neurotomy/radiofrequency rhizotomy/radiofrequency ablation procedures. In this case, the applicant does seemingly have facetogenic pain exacerbated by bending and twisting with paraspinal tenderness. The MTUS does not address the topic of fluoroscopic guidance. As noted in the Medscape article referenced below, an increasing number of paraspinal injections are performed under fluoroscopic guidance, often by radiologist and neuroradiologist. Thus, in this case, the applicant does have facetogenic low back pain for which a trial of medial branch blocks under fluoroscopic guidance is indicated. Accordingly, the request is certified, on Independent Medical Review.