

Case Number:	CM13-0042770		
Date Assigned:	12/27/2013	Date of Injury:	03/31/1998
Decision Date:	04/30/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/18/2013

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 is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of March 31, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; long interacting opioids; and extensive periods of time off of work. In a Utilization Review Report of October 4, 2013, the claims administrator denied a request for a medial branch block at L1-L2, citing non-MTUS ODG Guidelines. The claims administrator stated that facet arthropathy at this level was extremely rare. It does appear that the applicant underwent earlier diagnostic medial branch blocks at L3-L4, L4-L5, and L5-S1 on November 14, 2012. On December 17, 2013 the applicant is described as having persistent low back pain radiating to the legs. The applicant is apparently considering a lumbar MRI and/or repeat spine surgery. The applicant is permanent and stationary. He is on Fentanyl, Celebrex, Cymbalta, Dilaudid, Duragesic, and tramadol. The applicant has a BMI of 21. The applicant is also depressed, it is stated. A repeat left L3-L4 radiofrequency ablation procedure is sought on this date. In an earlier note of October 22, 2013, the attending provider did seek authorization for L1-L2 diagnostic medial branch block for the applicant's continuing low back pain. The applicant was described as having persistent low back pain, limited range of motion, facetogenic tenderness, and was using cane to move about. The applicant reports pain ranging from 7 to 8/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK BILATERAL L1 AND L2: 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), web 2012, Low Back, Facet Joint Diagnostic Blocks (Injections)

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

Decision rationale: While page 301 of the MTUS-adopted ACOEM Guidelines in Chapter 301 notes that facet neurotomy should be performed only after obtaining appropriate investigation involving differential dorsal ramus diagnostic medial branch blocks, in this case, however, the overall ACOEM recommendation on facet joint blocks, both diagnostic and therapeutic, in Chapter 12, Table 12 ACOEM, page 309 is "not recommended." In this case, it is further noted that the applicant has some elements of radicular pain, with low back pain radiating into the legs. The applicant is reportedly considering further spinal surgery, it is further noted. All of the above, taken together, imply a lack of diagnostic clarity and argue against facetogenic pain for which diagnostic medial branch blocks might be indicated. Therefore, the request is not certified both owing to the lack of diagnostic clarity here as well as owing to the unfavorable ACOEM recommendation on facet joint injections.