

Case Number:	CM13-0050776		
Date Assigned:	12/27/2013	Date of Injury:	10/27/2009
Decision Date:	05/06/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/14/2013

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 patient is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 27, 2009. Thus far, the patient has been treated with the following: Analgesic medications; adjuvant medications; prior lumbar radiofrequency ablation procedures over the life of the claim, including in 2012; 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 functional rehabilitation program evaluation and also denied request for lumbar medial branch blocks. Non-MTUS ODG (Official Disability Guidelines) were employed to deny the facet joint blocks, although the MTUS, through ACOEM, does address the topic. The patient's attorney subsequently appealed. An October 28, 2013 progress note is notable for comments that the patient is having frustration, ongoing issues with chronic pain, and continues to smoke. The patient is on Norco, Neurontin, Voltaren, and Pamelor, it is noted. Neurontin and Norco are endorsed. In an earlier note of June 10, 2013, it is acknowledged that the patient is no longer working. On April 11, 2013, the patient was asked advised to participate in a functional restoration program in an effort to try and find meaningful employment and job retraining despite ongoing issues with low back pain. Medial branch block injection therapy was seemingly sought on this date. The patient has also received SI joint injections, it was further noted, and was seemingly employing Pamelor for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL REHABILITATION PROGRAM EVALUATION: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, if an patient is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered. In this case, the patient has seemingly stated that he is intent on job retraining and/or returning to the workforce in some capacity. It does appear that the patient is willing and motivated to make the effort to try to improve. Therefore, as in the Chronic Pain Medical Treatment Guidelines, an evaluation to consider a functional rehabilitation program should be considered. Accordingly, the original utilization review decision is overturned. The request for a functional rehabilitation program evaluation is medically necessary and appropriate.

LUMBAR MEDIAL BRANCH BLOCK AT L3, L4, AND L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES: LOW BACK CHAPTER, FACET JOINT PAIN

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 300-301, and 309.

Decision rationale: As noted in the Low Back Complaints Chapter of the ACOEM Practice Guidelines, medial branch blocks are considered diagnostic treatments which should be considered a precursor to facet neurotomy procedure, if successful. In this case, the patient has already had earlier lumbar radiofrequency ablation procedure/facet neurotomy procedure. It is unclear why repeat diagnostic medial branch blocks are being sought here. It is further noted that the overall ACOEM position on facet joint injections, both diagnostic and therapeutic, is "not recommended," according to the Low Back Complaints Chapter of the ACOEM Practice Guidelines. It is further noted that the patient is using Neurontin for neuropathic pain, suggesting some lack of diagnostic clarity. There is no clear evidence of facetogenic pain for which diagnostic medial branch blocks would be indicated. The request for a lumbar medial branch block at L3, L4, and L5 is not medically necessary or appropriate.