

Case Number:	CM13-0053428		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2012
Decision Date:	05/07/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/18/2013

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 low back pain reportedly associated with an industrial injury of June 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; electrodiagnostic testing of May 16, 2013, apparently notable for a right L5-S1 radiculopathy; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of November 11, 2013, the claims administrator denied a request for diagnostic lumbar medial branch blocks, multilevel. The applicant's attorney subsequently appealed. Non-MTUS ODG Guidelines were employed in the denial, although the MTUS does address the topic. The applicant's attorney subsequently appealed. In a progress note of April 9, 2013, the applicant is described as having low back pain with radicular symptoms about the lower extremities. Diminished sensorium was noted about the right leg. The applicant was described as off of work, on total temporary disability, as of an office visit of June 3, 2013. In a progress note of August 20, 2013, the attending provider sought authorization for lumbar medial branch blocks, noting that the applicant had ongoing issues with low back pain with paraspinal tenderness and spasm. In an August 19, 2013 progress note, the applicant was again given a diagnosis of lower extremity radiculopathy and placed off of work, on total temporary disability. Ambien, Vicodin, and Prilosec were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DIAGNOSTIC FACET MEDIAL BRANCH BLOCK AT L3-L4, L4-L5, L5-S1 BILATERALLY: 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), LOW BACK, FACET INJECTIONS.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, the overall ACOEM position on facet joint injections, both diagnostic and therapeutic, is "not recommended." In this case, there is, furthermore, some lack of diagnostic clarity. The applicant has multiple foci pain, including the shoulder, neck, and low back. The applicant also seemingly carries the diagnosis of electrodiagnostically-confirmed lumbar radiculopathy, further arguing against the presence of facetogenic low back pain for which the lumbar medial branch blocks could be considered. Therefore, the request is not certified both owing to the unfavorable ACOEM recommendation as well as owing to the lack of diagnostic clarity here.