

Case Number:	CM13-0057932		
Date Assigned:	12/30/2013	Date of Injury:	11/11/2010
Decision Date:	05/02/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 chronic low back pain reportedly associated with an industrial injury of November 11, 2010. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, unspecified amounts of physical therapy, transfer of care to and from various providers in various specialties, unspecified amounts of manipulative therapy, a TENS unit, sacroiliac joint therapy and work restrictions. It is unclear whether the applicant has returned to work with said limitations in place. In a utilization review report of November 14, 2013, the claims administrator reportedly denied a request for medial branch block testing. It does appear that earlier medial branch blocks were certified through prior utilization review report of June 19, 2013. Non-MTUS ODG Guidelines were selected. In an earlier clinical progress note of July 10, 2013, the attending provider wrote that the applicant had had prior diagnostic medial branch blocks about the lumbar spine, experienced some fleeting pain relief, and then reported that her pain returned to baseline. Radiofrequency ablation procedures were sought at that point in time, along with sacroiliac joint injections. The applicant was on Trazodone, Zantac, Lexapro, Topamax, Lyrica, Celebrex, and Norco, it was seemingly stated. A handwritten progress note of September 28, 2013 is notable for comments that the applicant is off of work, on total temporary disability despite having completed work conditioning. FCE testing was seemingly sought. A later note of November 21, 2013 is notable for comments that the applicant's overall levels of activity are unchanged. The applicant apparently underwent a right shoulder corticosteroid injection in the office setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT MEDIAL BRANCH BLOCK L3, L4, L5, S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 309.

Decision rationale: As noted on page 301 of the MTUS-adopted ACOEM Guidelines in Chapter 12, facet neurectomies/radiofrequency ablation procedures should be performed after appropriate investigation involving diagnostic medial branch blocks. In this case, however, the applicant has already undergone earlier diagnostic medial branch blocks and seemingly underwent subsequent radiofrequency ablation procedures. It is unclear why repeat medial branch blocks were being sought here. It is further noted that the overall ACOEM recommendation on all forms of facet joint injections, both diagnostic and therapeutic, in Chapter 12, Table 12-8 is "not recommended." In this case, the applicant has longstanding multifocal pain complaints about the neck and back. There is no clear evidence of facetogenic pain. The applicant is also employing Lyrica and other adjuvant medications for neuropathic pain, further suggesting a lack of diagnostic clarity here. Therefore, the request is not certified on the grounds that the applicant has already had prior medial branch block procedures, has neuropathic pain as opposed to facetogenic pain, and, finally, owing to the unfavorable overall ACOEM recommendation on all forms of facet joint blocks, diagnostic and/or therapeutic.