

Case Number:	CM13-0061537		
Date Assigned:	12/30/2013	Date of Injury:	11/27/2012
Decision Date:	04/11/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/05/2013

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 neck and low back pain reportedly associated with an industrial injury of November 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; and a prior diagnostic medial branch block procedure. In a Utilization Review Report of November 19, 2013, the claims administrator denied a request for facet joint medial branch blocks at L3-L4. The applicant's attorney subsequently appealed the denial. In a clinical progress note of September 18, 2013, the applicant states that his medications were stolen from his car approximately two months prior. He presented with a police report in hand. The applicant was on Norco, Prilosec, Ambien, and Naprosyn. The applicant is on total temporary disability, it is acknowledged. Cervical and lumbar facet joint tenderness was appreciated with painful range of motion noted in all planes. 5/5 strength is noted in all limbs. The applicant was again placed off of work, on total temporary disability. Medications were renewed. The applicant was described as having positive fluoroscopically-guided diagnostic L4-L5 and L5-S1 medial branch blocks. An earlier note of September 13, 2013 is notable for comments that the applicant has had prior diagnostic L4-L5 and L5-S1 radiofrequency nerve rhizotomy procedures and remains off of work, on total temporary disability, despite the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOROSCOPICALLY-GUIDED L3-L4 DIAGNOSTIC MEDIAL BRANCH BLOCK:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300-301, 309.

Decision rationale: As noted in the ACOEM Guidelines, there is no good quality literature regarding radiofrequency neurotomy facet blocks. ACOEM Guidelines note that facet neurotomy should be performed only after appropriate investigation involving diagnostic medial branch blocks. However, the overall ACOEM position on facet joint injections, both diagnostic and/or therapeutic is that they are "not recommended." In this case, the applicant has already had prior diagnostic medial branch blocks at L4-L5 and L5-S1 with subsequent radiofrequency ablation procedures at the same levels. It is now unclear as to why diagnostic facet blocks are being sought at L3-L4. It is further noted that there are considerable psychological issues present here, further adding to the lack of diagnostic clarity. Therefore, the lack of diagnostic clarity, the fact that prior facet joint blocks have been tried at other levels without any apparent relief, and the overall unfavorable ACOEM recommendation on all facet joint block type procedures indicate that this request is not medically necessary and appropriate.