

Case Number:	CM13-0062454		
Date Assigned:	12/30/2013	Date of Injury:	10/15/2003
Decision Date:	08/27/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/06/2013

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 October 15, 2003. 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; earlier elbow surgery; left and right carpal tunnel release surgeries; left and right shoulder surgeries; unspecified amounts of physical therapy and chiropractic manipulative therapy; and earlier wrist ORIF (Open Reduction Internal Fixation) surgery. In a Utilization Review Report dated December 3, 2013, the claims administrator denied a request for lumbar medial branch blocks. The applicant's attorney subsequently appealed. In a May 9, 2013 progress note, the applicant presented with bilateral wrist, left elbow, and bilateral shoulder pain. The applicant was placed off of work, on total temporary disability. Operating diagnoses were ulnar neuropathy, carpal tunnel syndrome, rotator cuff tear, and low back pain. In a September 17, 2013 progress note, the applicant was described as a variety of complaints, including headaches. The applicant was using Percocet, Relpax, Topamax, Lasix, insulin, and Inderal, it was noted. The applicant exhibited normal motor function and a normal gait. The applicant stated that his claim was likely to be settled, at that point. In a November 2, 2013 pain management note, the applicant presented with multifocal pain complaints, including headaches, neck pain, shoulder pain, wrist pain, elbow pain, low back pain, and lumbar radiculopathy. Lumbar radiculopathy was listed as one of the operating diagnoses. The applicant reported low back pain radiating to the left leg. The applicant was using Inderal, Topamax, Relpax, Percocet, Lidoderm, and Norco. Positive Straight leg raising was noted with diffuse lumbar and paraspinal facet tenderness. Medial branch blocks were sought. A variety of medications were refilled. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar median nerve branch block at L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guideline in Chapter 12, Table 12-8, page 309, facet joint injections, which the requested medial branch blocks are a subset, are deemed not recommended. In this case, it is further noted that there is considerable lack of diagnostic clarity. The applicant has a variety of superimposed diagnoses, including chronic neck pain, lumbar radiculopathy, elbow pain, wrist pain, post-traumatic headaches, etc. The applicant's concurrent lumbar radicular complaints argues against the presence of any bona fide facetogenic or discogenic pain for which diagnostic medial branch blocks could be considered. Therefore, the request is not indicated both owing to the considerable lack of diagnostic clarity here as well as owing to the unfavorable ACOEM recommendation. Therefore, the request for Lumbar median nerve branch block at L4-S1 is not medically necessary and appropriate.