

Case Number:	CM13-0068185		
Date Assigned:	01/03/2014	Date of Injury:	10/13/2001
Decision Date:	03/24/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 ankle and low back pain reportedly associated with an industrial injury of October 13, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified number of facet joint blocks over the life of the claim; prior lumbar fusion surgery at L4-S1; prior L2-L3 and L3-L4 rhizotomy procedures in June 18, 2013; and extensive periods of time off of work, on total temporary disability. The applicant's attorney subsequently appealed. In a progress note of January 10, 2013, it was acknowledged that the applicant is off of work, on total temporary disability. In a medical legal evaluation of August 9, 2013, it is again stated that the applicant has had several injections. She is using a TENS unit and Lidoderm patches, it is stated. She is described as permanent and stationary as of this point in time. Permanent work restrictions are seemingly imposed. The applicant is apparently not working with said permanent limitations in place. In a clinical progress note of November 26, 2013, the applicant is described as status post multilevel rhizotomy procedures in June 28, 2013 with some pain relief about the lumbar spine. However, the applicant is also on Lidoderm patches, Cymbalta, Ambien, Percocet, and Valium. She is pursuing a psychological evaluation in preparation for a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar medial branch block: 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 diagnostic blocks (injections.)

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

Decision rationale: Medial branch blocks represent a form of facet joint blocks. As noted in the ACOEM Guidelines, an applicant should move on to facet neurotomies after completing successful diagnostic "differential dorsal ramus medial branch block" procedures. In this case, the applicant has already had earlier rhizotomy procedures. It is unclear why repeat diagnostic medial branch block procedures are being sought here. It is further noted that the overall ACOEM recommendation on all forms of facet injections is that they are "not recommended." In this case the applicant has failed to receive any lasting benefit or functional improvement through prior facet blocks according to the medical records provided for review. The applicant has failed to return to work. The applicant remains highly reliant on various medications and medical treatments, including Cymbalta, Lidoderm patches, Percocet, etc. All of the above, taken together, imply a lack of functional improvement. Therefore, the request is not medically necessary and appropriate.