MAXIMUS Federal Services

Case Number:	CM14-0005341		
Date Assigned:	04/30/2014	Date of Injury:	01/29/2011
Decision Date:	07/08/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/15/2014

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 represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 24, 2002.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; multiple lumbar spine surgeries, including a multilevel fusion procedure; unspecified amounts of acupuncture; and epidural steroid injection therapy.In a utilization review report of December 23, 2013, the claims administrator denied a request for 12 sessions of acupuncture. The claims administrator cited a lack of improvement with earlier acupuncture. It appears that ESI therapy and medial branch blocks were also denied.The applicant's attorney subsequently appealed.In a November 13, 2013 progress note, the attending provider noted that the applicant reported chronic low back pain issues. The applicant had had 12 earlier sessions of acupuncture. The applicant reported persistent low back pain and was in the process of pursuing a lumbar epidural steroid injection. The applicant was permanent and stationary, it was further noted. The applicant's medication list was not stated on this date, although it was suggested that the applicant should continue previous medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MEDICAL 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 (ODG), Low

Back Chapter, 11th Edition (web), 2013, Criteria gor the Use of Diagnostic Blocks For Facet Medicated Pain.

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, Chapter 12, Table 12-8, page 309, facet joints blocks are "not recommended." In this case, the applicant also continues to report low back pain radiating to the bilateral lower extremities and is status numerous ESI injections, seemingly to address the diagnosis of radiculopathy, also reportedly present here. Thus, there is some lack of diagnostic clarity here. There is no clear evidence of facetogenic pain. Therefore, the request is not certified both owing to the lack of diagnostic clarity and owing to the unfavorable ACOEM recommendation. The request is not medically necessary and appropriate.