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| Case Number: | CM14-0145481 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 05/16/2014 |
| Decision Date: | 11/18/2014 | UR Denial Date: | 08/18/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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 a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of May 16, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; essentially negative thoracic MRI imaging of September 2, 2014; plain films of the lumbar spine of July 23, 2014, notable for degenerative retrolisthesis and disk space narrowing at L3-L4; and several weeks off of work. In an August 18, 2014 Utilization Review Report, the claims administrator denied a request for medial branch blocks and a cane. Despite the fact that the MTUS addressed the topic of medial branch blocks, the claims administrator went to invoke non-MTUS ODG guidelines. In a July 30, 2014 progress note, the applicant reported persistent complaints of mid and low back pain. The applicant stated that earlier physical therapy and acupuncture had provided no relief. 4/10 mid and low back pain were appreciated. 5/5 lower extremity strength was noted with a guarded gait appreciated. Tenderness about the paraspinal musculature and sacroiliac joints was appreciated. Norco, a pain management consultation, medial branch blocks, a cane, and Zanaflex were endorsed, while 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:

Medial Branch Blocks from L3-S1 Bilaterally: 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) Treatment Index, 12th Edition (web) 2014, Low Back, Facet Joint Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301; Table 12-8, page 309.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, page 301 does acknowledge some limited role for diagnostic medial branch blocks as a precursor to pursuit of possible radiofrequency ablation procedures, the overall ACOEM position on facet joint injections, of which the medial branch blocks in question are a subset, in Chapter 12, Table 12-8, page 309 is "not recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity. The attending provider has apparently given the applicant oral steroids for presumed radicular pain at one point in time. The applicant was also given Zanaflex for myofascial pain at another point in time. On the July 30, 2014 office visit on which the medial branch blocks were sought, the applicant was described as having paraspinal tenderness suggestive of myofascial pain and/or sacroiliac joint tenderness. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity present here as well as owing to the tepid-to-unfavorable ACOEM position on the article at issue. Accordingly, the request is not medically necessary.

Single Point Cane: 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) Treatment Index, 12th Edition (web), 2014, Knee and Leg, Walking Aids

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, every attempt should be made to maintain the applicant at maximum levels of activity, including work activities. In this case, the applicant exhibited a guarded gait on the office visit in question, July 30, 2014. There was no evidence of any profound gait derangement which would compel provision of the cane. Provision of the cane, furthermore, would seemingly run counter to ACOEM principles and parameters as, by implication, it would diminish the applicant's activity level, as opposed to advancing the applicant's activity level. Therefore, the request is not medically necessary.