

Case Number:	CM14-0158824		
Date Assigned:	10/02/2014	Date of Injury:	11/10/2012
Decision Date:	11/06/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/29/2014

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 landscaper who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 10, 2014, the claims administrator denied a request for lumbar medial branch blocks. The applicant's attorney subsequently appealed. In a July 13, 2014 Request for Authorization (RFA) form, the applicant's pain management physician appealed the previously denied medial branch blocks. In a September 17, 2014 progress note, the applicant reported persistent complaints of low back pain, reportedly constant, non-radiating, 4/10 with medications versus 7/10 without medications. In another section of the note, it was stated that the applicant did have some complaints of radiating left leg pain. The applicant exhibited an antalgic gait. The applicant had reportedly had negative lumbar MRI imaging of December 11, 2013 and negative electrodiagnostic testing of the lower extremities of December 11, 2013. Facetogenic lumbar tenderness was noted with altered sensorium noted about the right leg. Naprosyn, tramadol, and bilateral L4 through S1 medial branch blocks were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar bilateral L4-S1 median branch nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, which the medial branch blocks are a subset, are "not recommended." While ACOEM Chapter 12, page 301 does establish some limited role for medial branch diagnostic blocks prior to pursuit of facet neurotomies, in this case, however, there is considerable lack of diagnostic clarity. The applicant was described as having radiating leg pain on the office visit of September 17, 2014 in which the medial branch blocks were sought. The applicant was also described as exhibiting an antalgic gait and altered sensorium about the right leg. Thus, the applicant appears to have some element of radicular pain present here. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity here as well as owing to the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.