

Case Number:	CM14-0171218		
Date Assigned:	10/23/2014	Date of Injury:	12/03/2004
Decision Date:	12/02/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/16/2014

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 chronic low back pain reportedly associated with an industrial injury of December 3, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery; earlier knee arthroscopy; subsequent lumbar fusion hardware removal; knee arthroscopy; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 6, 2014, the claims administrator failed to approve request for lumbar medial branch blocks. The applicant's attorney subsequently appealed. In a progress note dated September 23, 2014, the applicant reported ongoing complaints of low back pain. The applicant exhibited antalgic gait with tenderness about the paraspinal musculature and facet joints. Limited range of motion was noted. The applicant was given trigger point injections in the clinic. Authorization was sought for medial branch blocks. The applicant was given prescriptions for Ultram, Prilosec, and Zanaflex. The applicant was asked to discontinue Norco owing to issues with dyspepsia. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. In a progress note dated August 4, 2014, the applicant again reported ongoing complaints of low back and knee pain. Multiple medications were refilled. The applicant's permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block L3-4 bilaterally, qty: 1: 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, Facet joint medial branch blocks (therapeutic injections)

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, table 12-8, page 309, facet joint injections, the medial branch blocks at issue, are a subset and deemed "not recommended." In this case, it is further noted that there is a considerable lack of diagnostic clarity here. The applicant has been given several seemingly conflicting diagnoses, including lumbar myofascial pain syndrome for which the applicant has been given trigger point injections, lumbar radiculopathy for which the applicant underwent a fusion surgery, and facetogenic low back pain for which the medial branch blocks at issue are being sought. The request, thus, is not indicated both owing to the unfavorable ACOEM position on the article at issue as well as owing to the considerable lack of diagnostic clarity present here. Therefore, the request is not medically necessary.

Medial branch block L4-5 bilaterally, qty: 1: 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, Facet joint medial branch blocks (therapeutic injections)

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

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 at issue are a subset, are deemed "not recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity present here, as the applicant has seemingly been given conflicting diagnoses of radicular low back pain for which the applicant received lumbar fusion surgery, myofascial low back pain for which the applicant has received trigger point injections, and, now, most recently facetogenic low back pain for which the medial branch blocks at issue have been proposed. The request, thus, is not indicated both owing to the unfavorable ACOEM position on the article at issue as well as to the owing to the considerable lack of diagnostic clarity present here. Therefore, the request is not medically necessary.