MAXIMUS Federal Services

Case Number:	CM14-0171270		
Date Assigned:	10/23/2014	Date of Injury:	12/01/2008
Decision Date:	11/25/2014	UR Denial Date:	09/16/2014
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 1, 2008. Thus far, the applicant has been treated with following: Analgesic medications; long- and short-acting opioids; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 16, 2014, the claims administrator approved requests for Norco, Relafen, and Prilosec while denying medial branch blocks. Non-MTUS ODG guidelines were invoked to deny the medial branch blocks. The applicant's attorney subsequently appealed. In a September 3, 2014, progress note, the applicant reported ongoing complaints of low back pain, 3/10. The applicant was reportedly using Norco, Tizanidine, Relafen, Prilosec, Zocor, Desyrel, Pamelor and Risperdal. The applicant had apparently tapered off the methadone, it was acknowledged. The applicant had not been able to find employment, it was further noted. The applicant was asked to employ Norco. The applicant was given diagnoses of lumbar facet arthropathy, lumbar radiculopathy, myofascial pain syndrome, and chronic opioid usage. Permanent work restrictions were renewed. The attending provider noted that the applicant had evidence of both facet arthropathy and neural foraminal stenosis noted on lumbar MRI imaging of August 17, 2013. In a June 11, 2014, progress note, the applicant was again described as using Methadone, Norco, Tizanidine, Relafen, Prilosec, Desyrel, and Pamelor. The applicant was possibly tapering off of Methadone, it was noted. TENS unit had not been successful. It was suggested that the applicant had a number of possible tender points or trigger points.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch blocks L3 and L5: 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 medial branch blocks (therapeutic injections)

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, with the medial branch blocks at issue, are a subset, are deemed "not recommended." While ACOEM Chapter 12, page 301 does support some limited role for diagnostic medial branch blocks in applicants with facetogenic pain, in this case, however, there is no concrete evidence of facetogenic pain. The attending provider has written on several occasions that the applicant has neuropathic pain for which the applicant is using Pamelor and also written on other occasions that the applicant has palpable trigger points for which trigger point injection therapy could be considered. 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 here. Accordingly, the request is not medically necessary.