

Case Number:	CM14-0178857		
Date Assigned:	11/03/2014	Date of Injury:	03/17/2012
Decision Date:	12/12/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/28/2014

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], incorporated employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; trigger point injection therapy; epidural steroid injection therapy; earlier right shoulder surgery in May 2014; unspecified amounts of physical therapy; and lumbar facet medial nerve blocks as recent as September 30, 2014. In a Utilization Review Report dated October 15, 2014, the claims administrator denied a request for a second confirmatory diagnostic medial nerve block/medial branch block or bilateral L4-L5 and L5-S1 facet medial nerve radiofrequency ablation procedure with concomitant caudal epidural block. The claims administrator stated that its denial was based on Request for Authorization form of October 2, 2014 and an associated progress note of September 25, 2014. In a December 26, 2012 progress note, the applicant reported ongoing complaints of low back pain with derivative complaints of depression, anxiety, poor memory, and insomnia. The applicant was given a primary diagnosis of adjustment disorder due to chronic pain with mixed anxiety and depressed mood. It was stated that the applicant was approaching permanent and stationary status. On July 27, 2012, authorization was sought for a TENS-EMS device and a moist heating pad. In a June 24, 2014 pain management note, it was acknowledged that the applicant was permanent and stationary. The applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities with derivative complaints of neck pain and shoulder pain. The applicant was not working, it was acknowledged. Highly variable 6-7/10 pain was noted. The applicant was described as a "qualified injured worker," implying that the applicant was not working. Multiple topical compounded medications were being employed, in addition to Relafen, Desyrel, Prilosec, and

tramadol. The applicant was asked to continue his medications, remain off of work, and consult a psychiatrist. The applicant received epidural steroid injection therapy at the L4-L5 level on a procedure note of June 24, 2014. On July 17, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain radiating into the bilateral lower extremities, superimposed on issues with shoulder pain following earlier shoulder surgery on May 2014. Medications were renewed. The applicant had received earlier epidural steroid injection therapy on February 18, 2014. On October 23, 2012, the applicant received sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Confirmatory second diagnostic bilateral L4-5 and L5-S1 facet medial nerve block or bilateral L4-5 and L5-S1 facet medial nerve radiofrequency with caudal epidural block:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 08/22/14)

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

Decision rationale: As noted in the MTUS Guidelines in ACOEM Chapter 12, Table 12-8, page 309, facet joint injections, of which the medial branch blocks and radiofrequency ablation procedures at issue are a subset, are deemed "not recommended." ACOEM Chapter 12, page 309 further notes that facet neurotomy/facet radiofrequency ablation procedures reportedly produce "mixed results." Here, it is noted that there is significant lack of diagnostic clarity present here, as the applicant has received multiple interventional spine procedures over the course of the claim, including epidural steroid injection therapy for presumed radicular pain and sacroiliac joint injection therapy for presumed SI joint pain. In this case, the applicant has also received trigger point injection therapy for presumed myofascial pain, it is further noted. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity present here as well as owing to the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.