

Case Number:	CM14-0066528		
Date Assigned:	07/11/2014	Date of Injury:	06/15/2012
Decision Date:	09/22/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/09/2014

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 June 15, 2012. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; and at least one prior set of medial branch blocks. In a Utilization Review Report dated April 14, 2014, the claims administrator denied a request for repeat medial branch blocks at the L3-L4 and L4-L5 levels. The claims administrator invoked non-MTUS Official Disability Guidelines in its denial despite the fact that the MTUS addresses the topic. The applicant's attorney subsequently appealed. In a June 2, 2014 progress note, the applicant reported persistent complaints of low back pain, 6/10, non-radiating, reportedly relieved with Norco. The applicant's medication list included Skelaxin, Norco, Motrin, and Flexeril. The applicant exhibited 5/5 bilateral lower extremity strength with normal sensorium about the bilateral lower extremities. Positive facet loading was appreciated about the bilateral lower extremities. Norco was prescribed. The applicant was apparently given "no restrictions," suggesting that the applicant was, in fact, working, although this was not clearly stated. In an earlier note dated April 21, 2014, the applicant reported persistent complaints of neck, low back, and shoulder pain. The applicant's back pain radiated to the "side." The applicant was on Skelaxin, Motrin, Flexeril, Norco, it was stated. Positive facet loading was appreciated with paraspinal and SI joint tenderness. 5/5 lower extremity strength and a normal gait were noted. Norco was endorsed. The applicant was placed off of work, on total temporary disability, on this occasion, for eight weeks. The applicant had received earlier medial branch blocks in January 3, 2014. In an earlier note dated May 20, 2014, it was again suggested that the applicant was off of work, on total temporary disability as that of point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Medial Branch Block under Fluoroscopic Guidance L3-L4, L4-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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 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 blocks in question are a subset, are deemed "not recommended." While ACOEM Chapter 12, page 301 does establish some limited role for diagnostic medial branch blocks as a precursor to pursuit of facet neurotomy procedures, in this case, however, the applicant has had prior diagnostic medial branch blocks as recently as January 2014. It was not clearly established why repeat medial branch blocks were being sought here as the procedure in question is deemed, per ACOEM, a diagnostic one. Therefore, the request is not medically necessary.