

Case Number:	CM14-0086441		
Date Assigned:	08/27/2014	Date of Injury:	09/30/1998
Decision Date:	10/02/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/09/2014

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, has a subspecialty in Preventive 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 September 13, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; topical compounds; opioid therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated May 15, 2014, the claims administrator denied a request for multilevel radiofrequency ablation procedures. The applicant's attorney subsequently appealed. In an August 6, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the bilateral thighs, right greater than left. The attending provider noted that the applicant's pain level ranged from 5-10/10, reportedly exacerbated by activities as basic as sitting, standing, and walking. 4+/5 right lower extremity versus 5/5 left lower extremity strength was appreciated. Vimovo, Lidoderm, Duragesic, and Valium were renewed. The applicant was asked to discontinue Soma. The applicant was already permanent and stationary. The applicant did not appear to be working with permanent limitations in place. In a July 2, 2014 progress note, the attending provider appealed previously denied multilevel lumbar medial branch blocks and concurrently sought authorization for an L4-L5-S1 epidural steroid injection. The applicant was again described as having difficulty doing activities of daily living secondary to pain. Persistent complaints of low back pain radiating to the bilateral thighs, right greater than left, was reported. The applicant was given diagnoses which included lumbar radiculopathy, facet arthropathy, degenerative disk disease, and lumbar strain. Norco, Duragesic, and Valium were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral MBB (medial branch block) at L2-L3, L3-L4, times2, with Anesthesia, under Radiology and Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 05/14/14), Facet Joint Diagnostic Blocks (Injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301; 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, of which the medial branch blocks at issue are a subset, are deemed "not recommended." While ACOEM Chapter 12, page 301 does establish some limited role for diagnostic medial branch blocks in applicants in whom facetogenic pain is suspected, in this case, however, there is a considerable lack of diagnostic clarity. The applicant's primary pain generator appears to be radicular in nature. One of the operating diagnoses given is lumbar radiculopathy. The fact that the applicant reports persistent complaints of low back pain radiating to the bilateral legs, right greater than left, coupled with the fact the attending provider is concurrently seeking epidural steroid injection therapy in conjunction with the medial branch blocks at issue, add to the considerable lack of diagnostic clarity already present here. The request, thus, is not indicated both owing to said lack of diagnostic clarity as well as owing to the unfavorable ACOEM position on the article at issue. Accordingly, the request is not medically necessary.