

Case Number:	CM14-0181702		
Date Assigned:	11/06/2014	Date of Injury:	04/02/2008
Decision Date:	01/12/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/31/2014

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, 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 April 2, 2008. In a Utilization Review Report dated October 24, 2014, the claims administrator denied a request for multilevel lumbar medial branch blocks. The claims administrator noted that the applicant had undergone earlier lumbar fusion surgery on February 14, 2011 and had previously received facet injections in 2013. The claims administrator stated that its decision was based, in part, on an October 15, 2014 progress note, a progress note that did not appear to have been incorporated into the Independent Medical Review packet. The applicant's attorney subsequently appealed. In an April 17, 2014 progress note, the applicant reported persistent complaints of low back pain with associated clicking and popping. X-rays of the lumbar spine demonstrated solid indwelling fusion hardware. A multilevel lumbar facet rhizotomy procedure was sought. The requesting provider stated that the applicant did have elements of spinal canal stenosis noted at L4-L5 but stated that he did not believe that this was the source of the applicant's ongoing pain complaints. Facet rhizotomy procedures and/or facet blocks were sought. On March 31, 2014, oxycodone was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 Facet Medial Branch Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines

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, of which the proposed facet 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, the attending provider noted on an earlier progress note of April 1, 2014 that the applicant's residual low back pain was a function of indwelling, painful fusion hardware. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity present here as well as the unfavorable ACOEM position on the article at issue. While it is acknowledged that, the October 15, 2014 progress note on which the article in question was requested was not incorporated into the Independent Medical Review packet, information on file failed to support, or substantiate the request. Therefore, the request is not medically necessary.