MAXIMUS Federal Services

Case Number:	CM14-0042731		
Date Assigned:	06/30/2014	Date of Injury:	04/07/2001
Decision Date:	04/08/2015	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 54 year old male who sustained an industrial injury on 04/07/2001. Current diagnoses include lumbosacral spondylosis. Previous treatments included medication management and a series of hyalgan injections. Report dated 03/05/2014 noted that the injured worker presented with complaints that included chronic low back pain. Pain level was rated as 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 03/27/2014 non-certified a prescription for diagnostic median block bilateral median branches L3, L4 and dorsal rami, L5 under fluoroscopic guidance and conscious sedation, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS, ACOEM, and Official Disability Guidelines in making this decision. The applicant is a represented 54-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 7, 2001. In a Utilization Review Report dated March 27, 2014, the claims administrator failed to approve a request for multilevel medial branch blocks. A March 5, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On March 5, 2014, the applicant reported persistent complaints of low back pain. The applicant was given diagnoses of lumbar spondylosis and facetogenic low back pain. The applicant did also have issues with muscle spasm, it was suggested. The applicant was using Celebrex and Norco for pain relief. 7/10 pain complaints were noted. The attending provider stated that the applicant did not presently have radiating complaints. The attending provider stated that the applicant should employ a diagnostic medial branch block on the grounds that it had been 20 months since the

applicant's last lumbar radiofrequency ablation procedure. The attending provider further noted that the applicant had also had sacroiliac joint blocks. Norco, morphine, Celebrex, and topical compounded medications were endorsed. The applicant's work status was not outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Median Block Bilateral Median Branches L3, L4 and Dorsal Rami, L5 under Fluoroscopic Guidance and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers Compensation, Online Edition Chapter: Low Back Facet joint diagnostic blocks (injections).

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

Decision rationale: No, the proposed diagnostic medial branch blocks at L3, L4, and L5 were not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does outline a role for lumbar facet blocks as a precursor to pursuit of subsequent facet neurotomy procedures, in this case, however, the applicant has already had previous diagnostic medial branch blocks and subsequent facet neurotomy/facet radiofrequency ablation procedures. The applicant has, however, failed to respond favorably to the same. The applicant does not appear to have returned to work. The applicant remains dependent on various opioid agents, including morphine and Norco. All of the foregoing, taken together, suggests a lack of functional improvement defined in MTUS 9792.20f needed to support further facet injections here. The attending provider's additional commentary to the fact that the applicant has multiple pain generators, including muscle spasms, sacroiliac joint pain, spondylolytic pain, etc., all, taken together, argues against the presence of facetogenic low back pain for which the medial branch blocks at issue could be considered. Therefore, the request was not medically necessary.