

Case Number:	CM14-0079084		
Date Assigned:	07/18/2014	Date of Injury:	03/04/2013
Decision Date:	01/09/2015	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/29/2014

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 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 March 4, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; multiple prior lumbar facet injections in 2014 alone, per the claims administrator; unspecified amounts of manipulative therapy; work restrictions; and lumbar MRI imaging of May 26, 2013, noted for mild multilevel degenerative disc disease of uncertain clinical significance. In a Utilization Review Report dated May 19, 2014, the claims administrator denied a request for bilateral L4-L5 medial branch blocks, citing the fact that the applicant already had two prior facet injections on April 11, 2014 and February 26, 2014. The claims administrator stated that it is not clear why the requesting provider was not proceeding with radiofrequency ablation procedures as radiofrequency neurotomy procedures on the grounds that the earlier facet blocks were already diagnostic. The claims administrator's decision was based on a May 12, 2014 Request for Authorization (RFA) form. In a May 28, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was working on a full-time basis with a 50-pound lifting limitation in place, it was stated. Tenderness was noted about the lumbar spine at L5-S1 with slightly limited range of motion. The applicant exhibited normal lower extremity neurologic exam. It was stated that the applicant was pursuing an appeal of the previously denied L4-L5 medial branch blocks. In a May 5, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was asked to continue chiropractic manipulative therapy while the pain management consultation was pending. In a letter received on May 8, 2014, it was stated that the applicant had undergone earlier lumbar facet injections with fleeting pain relief. It was stated that the applicant was a

candidate for diagnostic medial branch blocks which could determine the applicant's suitability for lumbar radiofrequency ablation procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 Medial Branch Blocks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), online, 4th edition.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, diagnostic differential dorsal ramus medial branch blocks can be employed as a precursor to the pursuit of subsequent facet neurotomy/facet radiofrequency ablation procedures. In this case, the requesting provider has stated that the medial branch blocks at issue are being employed for a diagnostic role, to determine the applicant's suitability for subsequent radiofrequency ablation procedures. The requesting provider stated that earlier therapeutic facet injections do not provide enough diagnostic information to make the decision to go forward with lumbar radiofrequency ablation procedures. Medial branch blocks can, thus, play an important diagnostic role here. Therefore, the request is medically necessary.