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| Case Number: | CM15-0180094 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 10/05/2011 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 08/31/2015 |
| Priority: | Standard | Application Received: | 09/14/2015 |

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 5, 2011. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve a request for L4-L5 and L5-S1 facet blocks. An August 13, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On August 13, 2015, the applicant reported ongoing complaints of low back and neck pain, 9 to 10/10. Right upper extremity paresthesias were reported. The attending provider stated that the applicant had a prior lumbar epidural steroid injection without improvement. Numbness about the right knee and right leg was reported. The applicant was using a cane to move about. The attending provider suggested that the applicant undergo lumbar facet medial branch blocks at L4-L5 and L5-S1. The attending provider contended in one section of the note the applicant did not have actual radicular complaints while reporting pain and numbness about the right and leg in another section of the note. The attending provider also referenced a lumbar MRI imaging in May 22, 2015 notable for central disk herniation at L2-L3 with associated moderate canal stenosis. The applicant's work status was not clearly detailed. On August 17, 2015, the attending provider reiterated his request for lumbar facet medial branch blocks, while acknowledging that the applicant had a variety of pain generators including lumbar degenerative disk disease and lumbar spinal stenosis at L3-L4 and L4-L5. The applicant's work status, once again, was not detailed. The applicant was given a prescription for Hysingla.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet medial branch block at L4-L5, x1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the MTUS Low Back Complaints 2004 Guidelines, Section(s): Physical Methods and on the Non-MTUS, ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 604.

Decision rationale: No, the request for a lumbar facet medial branch block at L4-L5 was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does acknowledge that facet neurotomy should be performed only after appropriate diagnostic medial branch blocks, here, however, the attending provider's August 13, 2015 progress note did not explicitly state that the medial branch blocks at issue were intended for diagnostic purposes as a precursor to pursuit of subsequent facet neurotomy procedures. The Third Edition ACOEM Guidelines Chronic Pain Chapter further notes that diagnostic facet joint injections (AKA medial branch blocks) are not recommended for treatment of radicular pain syndromes. Here, the attending provider stated on August 13, 2015 the applicant had had one prior lumbar epidural steroid injection, implying that the applicant in fact had some radicular component to his symptoms. The attending provider also reported on August 13, 2015 and August 17, 2015 the applicant had multiple pain generators to include degenerative disk disease and lumbar spinal stenosis. It did not appear that the medial branch block at issue was indicated, given the multiplicity of pain generators and unfavorable ACOEM position on pursuit of the same in individuals with active radicular symptoms, as were seemingly present here in the form the attending provider's reports of right knee and leg numbness on August 13, 2015. Therefore, the request was not medically necessary.

Lumbar facet medial branch block at L5-S1, x1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the MTUS Low Back Complaints 2004 Guidelines, Section(s): Physical Methods and on the Non-MTUS, ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 604.

Decision rationale: Similarly, the request for a lumbar medial block at L5-S1 was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does acknowledge that facet neurotomy should not be performed without precursor diagnostic medial branch blocks, here, however, the attending provider's August 13, 2015 progress note did not explicitly state that the facet medial branch block at issue was intended as a precursor to pursuit of subsequent facet neurotomy procedures. Third Edition ACOEM Guidelines Low Back Chapter further notes that diagnostic facet injections (AKA medial branch blocks) are "not recommended" in the treatment of radicular pain syndromes. Here, the applicant was described on August 13, 2015 as having undergone one prior lumbar

epidural steroid injection. The applicant was described as having numbness about the right knee and leg. Thus, some aspects of the applicant's presentation were suggestive of lumbar radiculopathy. Other sections of the attending provider's August 13, 2015 and August 17, 2015 progress notes suggested that the applicant had other pain generators to include lumbar degenerative disk disease and multilevel stenosis at L3-L4 and L4-L5. Pursuit of the medial branch block at issue was not, thus, indicated, given the facet that the attending provider did not explicitly state that said medial branch block was intended as a precursor to pursuit of a facet neurotomy and given the fact that the applicant appeared to have multiple pain generators, including possible lumbar radiculopathy status post earlier lumbar epidural steroid injection, lumbar degenerative disk disease, and/or lumbar spinal stenosis. Therefore, the request was not medically necessary.