

Case Number:	CM15-0182907		
Date Assigned:	09/23/2015	Date of Injury:	07/31/2001
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/17/2015

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 67-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 31, 2001. In a Utilization Review report dated September 4, 2015, the claims administrator failed to approve a request for multilevel lumbar medial branch blocks. An August 5, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated August 25, 2015, Celebrex, Flexeril, Neurontin, Norco, and lumbar medial branch blocks were sought. On an associated progress note dated August 5, 2015, the applicant reported ongoing complaints of low back pain, highly variable, 7-9/10, it was stated in one section of note and 5-7/10, it was stated, somewhat incongruously, in another section of the note. The applicant's medication list included Norco, Neurontin, Celebrex, and Flexeril. The applicant had derivative complaints of anxiety and depression, it was reported in the review of systems section of the note. The attending provider stated toward the top of the note that the applicant did have ongoing complaints of right posterior leg and lower extremity pain, exacerbated by standing and walking. The applicant was no longer working and had reportedly retired, it was acknowledged. Well-preserved lower extremity motor function was noted. Tenderness about the SI joint, piriformis, and facet joints was appreciated on exam with painful range of motion about the hip and low back both appreciated. Multilevel lumbar medial branch blocks were sought. The applicant was given refills of Celebrex, Flexeril, Neurontin, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Bilateral Lumbar Medial Branch Blocks (MBB) and Right Triple Block:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 604.

Decision rationale: No, the request for outpatient lumbar medial branch blocks with an associated right triple block was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does suggest that facet neurotomy should only be performed after diagnostic medial branch blocks, here, however, the attending provider's August 5, 2015 office visit did not explicitly state that the medial branch blocks and an associated triple block were intended as a precursor to pursuit of possible facet neurotomy procedures. The attending provider did not clearly state what he intended to accomplish via the medial branch blocks in question. The Third Edition ACOEM Guidelines Low Back Chapter further notes that diagnostic facet blocks (AKA medial branch blocks) are not recommended in the treatment of applicants with radicular pain syndrome. Here, the applicant was described as having ongoing complaints of low back pain radiating to the leg, it was acknowledged on the date in question, August 5, 2015. The applicant was using Neurontin, presumably for radicular pain complaints, it was acknowledged on that date. Medial branch blocks (AKA diagnostic facet injections), however, are not indicated in the radicular pain context present here, per the Third Edition ACOEM Guidelines Low Back Disorders Chapter. Therefore, the request is not medically necessary.