

Case Number:	CM15-0203261		
Date Assigned:	10/20/2015	Date of Injury:	06/07/2013
Decision Date:	12/07/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/15/2015

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 29-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 7, 2013. In a Utilization Review report dated October 2, 2015, the claims administrator failed to approve a request for a multilevel lumbar medial branch blocks. A September 21, 2015 office visit was reference in the determination. The applicant's attorney subsequently appealed. On July 30, 2015, the applicant was placed off of work, on total temporary disability. The applicant was given various diagnoses, including that of lumbar radiculitis. The applicant also reported a lumbar spondylosis, the treating provider reported. Pain management consultation was sought while the applicant was kept off of work, on total temporary disability. On September 21, 2015, the applicant consulted a pain management physician reporting 9/10 low back pain, reportedly axial in nature. The applicant had received earlier epidural steroid injection therapy and earlier facet blocks, the treating provider reported. The applicant also had undergone earlier knee surgery, the treating provider reported. The applicant was not working, the treating provider acknowledged that the applicant was reportedly using Exalgo, Dilaudid, Norco, Flexeril, Advil, albuterol, methimazole, and Inderal, it was stated in various sections of the note. Facet medial branch blocks were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 medical branch nerve block under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks (injections).

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, page 604.

Decision rationale: No, the request for bilateral medial lumbar branch blocks under fluoroscopic guidance was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 acknowledges that facet neurotomy should only be performed after an applicant undergoes a successful diagnostic medial branch blocks, as were/are at issue here, this position is, however, contravened by a more updated Medical Treatment Guidelines (MTG) in the form of the Third Edition ACOEM Guidelines Low Back Disorders Chapter which notes on page 64 of the diagnostic facet joint injections (AKA medial branch blocks) are not recommended for treatment of any radicular pain syndrome. Here, the applicant was described on an office visit in close proximity to the office visit at issue, July 30, 2015, as carrying an active diagnosis of "lumbar spine radiculitis." The applicant had received prior epidural steroid injections, the requesting provider acknowledged on the September 21, 2015 office visit at issue. The medial branch blocks at issues were not, thus, indicated in the radicular pain/radiculitis context present here, per ACOEM. Therefore, the request was not medically necessary.