

Case Number:	CM15-0204255		
Date Assigned:	10/21/2015	Date of Injury:	06/03/2011
Decision Date:	12/08/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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 May 3, 2011. In a utilization review report dated October 6, 2015, the claims administrator failed to approve a request for multilevel lumbar medial branch blocks. A September 23, 2015 office visit was referenced in the determination. On September 1, 2015, the applicant was placed off of work, on total temporary disability, following knee surgery. On September 23, 2015, the applicant reported ongoing complaints of low back pain, highly variable, 5-10/10. Tenderness about the lumbar paraspinal musculature was noted at the L4-L5 region. The attending provider suggested that the applicant had positive facet loading. Multilevel medial branch blocks and acupuncture were endorsed. On July 15, 2015, the same provider stated that he was recommending a caudal epidural steroid injection. Ongoing complaints of low back pain radiating to left leg were reported. The applicant was using a cane to move about, the treating provider noted. An L4-L5 transforaminal epidural steroid injection was sought while Ultram was endorsed. On May 6, 2015, the treating provider noted that the applicant had residual lumbar radicular pain complaints status post earlier failed lumbar spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left medial branch nerve block at (lumbar) L4-L5 and L5-S1 (sacroiliac): 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 ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 604 Recommendation: Diagnostic Facet Joint Injections for Treatment of Acute or Subacute Low Back Pain or Radicular Pain Syndromes Diagnostic facet joint injections are not recommended for treatment of acute or subacute low back pain or radicular pain syndromes. Strength of Evidence - Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for a left medial branch block at L4-L5 and L5-S1 was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 acknowledges that facet neurotomies should only be performed in applicants who have undergone successful diagnostic medial branch blocks, as were at issue here, this position is contravened by a more updated medical treatment guideline (MTG) in the form of the Third Edition ACOEM Guidelines, Low Back Disorders Chapter, which notes that diagnostic facet injection is not recommended in the treatment of radicular pain syndromes. Here, the applicant reported complaints of low back pain radiating to the left leg on various dates, including on May 6, 2015. The applicant had undergone earlier failed lumbar spine surgery, it was stated on that date. The applicant's operating diagnosis on May 6, 2015 was, per the requesting provider: "lumbar radiculopathy." The proposed medial branch blocks were not indicated in the radicular pain context present here. Therefore, the request was not medically necessary.