

Case Number:	CM15-0206240		
Date Assigned:	10/23/2015	Date of Injury:	05/20/2013
Decision Date:	12/11/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 20, 2013. In a Utilization Review report dated October 8, 2015, the claims administrator failed to approve a request for a lumbar facet diagnostic injection or medial branch block at the L3, L4, and L5 levels. The claims administrator referenced a September 24, 2015 office visit in its determination. On July 2, 2015, it was stated that the applicant was considering a lumbar discectomy versus fusion surgery. A second opinion spine surgical consultation was sought. The applicant was having chronic left L4 radiculopathy. The applicant's medication list included Norco, tramadol, and Valium, it was reported. A second opinion surgical consultation was sought. The applicant was not working with a rather proscriptive 20-pound lifting limitation in place, the treating provider acknowledged. The claims administrator's medical evidence log suggested that the most recent note on file was, in fact, dated July 2, 2015; thus, the September 24, 2015 office visit on which the article in question was proposed was not seemingly incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) trial of lumbar facet diagnostic evaluation (medial branch block) at the right L3, L4, L5 levels: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 a trial of lumbar facet diagnostic evaluation or medial branch blocks at L3, L4, and L5 was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 notes that facet neurotomies should be performed only after an applicant receive diagnostic medial branch blocks, here, however, there is no mention of the applicant's willingness to employ the medial branch blocks as a precursor to pursue subsequent facet neurotomy procedures. The September 24, 2015 office visit on which the article in question was sought was not seemingly incorporated into the IMR packet. A more updated Medical Treatment Guideline (MTG) in the form of Third Edition ACOEM Guidelines Low Back Disorders Chapter notes on page 604 that diagnostic facet joint injections (AKA medial branch blocks) are not recommended in the treatment of any radicular pain syndrome. Here, the applicant was described on July 2, 2015 as having ongoing issues with chronic low back pain and left L4 radiculopathy. The applicant was reportedly a candidate for spine surgery, it was stated on that date. Diagnostic medial branch blocks were not, thus, indicated in the lumbar radiculopathy context present here, per the Third Edition ACOEM Guidelines Low Back Disorders Chapter. Therefore, the request was not medically necessary.