

Case Number:	CM15-0023616		
Date Assigned:	02/13/2015	Date of Injury:	01/29/2007
Decision Date:	04/21/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/09/2015

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 55-year-old [REDACTED] employee who has filed a claim for chronic low back pain, reportedly associated with an industrial injury of January 29, 2007. In a Utilization Review Report dated January 26, 2015, the claims administration failed to approve to request for multilevel medial branch blocks. The claims administrator referenced an RFA form and associated progress note of January 9, 2015, in its determination. The applicant's attorney subsequently appealed. On January 9, 2015, the applicant reported ongoing complaints of severe back pain with intermittent lower extremity numbness. The applicant had a history of multilevel lumbar compression fractures, including L2, L3, L4, L5 and S5, the treating provider noted. Lumbar degenerative disk disease and degenerative joint disease were also reported as operating diagnoses. The applicant had had chronic muscular changes noted on lower extremity electrodiagnostic testing of November 17, 2014, it was acknowledged. The applicant also received earlier epidural steroid injection therapy. The attending provider suggested that the applicant consider a lumbar fusion surgery and/or lumbar medial branch blocks. Norco was renewed. The applicant was off of work, on total temporary disability, it was acknowledged, and not had not worked since the date of injury some eight years prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4, L4-5, L5-S1 facet median branch blocks injection with fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301; 309.

Decision rationale: No, the request for multilevel medial branch blocks was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 12, Table 12-8, page 309, facet joint injections, the article at issue, are deemed "not recommended." While ACOEM Chapter 12, page 301 does qualify the overall unfavorable position on facet joints injections by noting that medial branch blocks can be employed as a precursor to pursuit of facet neurotomies in applicants with suspected facetogenic or discogenic low back pain, in this case, however, the applicant has been given a variety of diagnoses and/or suspected diagnoses pertaining to the lumbar spine and/or lower extremities, including suspected lumbar radiculopathy, compression fracture of the lumbar spine with associated chronic pain complaints, degenerative joint disease, degenerative disk disease, scoliosis, etc. The proposed facet medial branch blocks, thus, are not indicated both owing to the (a) unfavorable ACOEM position on the article at issue, and (b) the significant lack of diagnostic clarity present here. Therefore, the request was not medically necessary.