

Case Number:	CM15-0025719		
Date Assigned:	02/18/2015	Date of Injury:	03/22/2012
Decision Date:	03/31/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/10/2015

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, Ohio, 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 reportedly associated with an industrial injury of March 22, 2012. In a Utilization Review Report dated January 10, 2015, the claims administrator failed to approve request for repeat diagnostic medial branch blocks at L4 through S1. The claims administrator referenced a January 5, 2015, RFA form in its determination. The claims administrator employed non-MTUS ODG Guidelines in the request, despite the fact that MTUS addressed the topic. A December 9, 2014, progress note was also briefly alluded to (but not summarized). The applicant's attorney subsequently appealed. On December 9, 2014, the attending provider stated that he was seeking repeat cervical MRI imaging on the grounds that the applicant had heightened upper extremity radicular pain complaints, left upper extremity pain, and associated motor weakness. The attending provider also suggested that the applicant repeat diagnostic medial branch blocks at L4 through S1. The attending provider noted that the applicant had ongoing complaints of low back and neck pain, 9/10. The applicant was using Naprosyn, Norco, Prilosec, Prozac, Lidoderm and Restoril. The applicant did have hyposensorium about the left leg. The applicant had received an earlier lumbar epidural steroid injection on August 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Diagnostic Medial Branch Blocks At L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: 1. No, the proposed repeat diagnostic medial branch blocks at L4-S1 were not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 12, page 301 does establish a limited role for diagnostic medial branch blocks to evaluate an applicant's suitability for subsequent facet neurotomy procedures, in this case, however, the applicant's primary pain generators/primary pain complaint appears to be active lumbar radiculopathy. The applicant continues to report ongoing complaints of low back pain radiating to the left leg. The applicant has received epidural steroid injections for the same. All of the foregone, taken together, suggest that the applicant's primary pain generator is, in fact, lumbar radiculopathy as opposed to facetogenic low back pain for which the diagnostic medial branch blocks at issue could be considered. Therefore, the request was not medically necessary.