

Case Number:	CM15-0219319		
Date Assigned:	11/12/2015	Date of Injury:	08/04/2014
Decision Date:	12/29/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/06/2015

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 August 4, 2014. In a Utilization Review report dated October 30, 2015, the claims administrator failed to approve a request for multilevel median branch blocks. The claims administrator referenced an October 21, 2015 date of service and an associated October 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 12, 2015, the applicant reported ongoing issues with low back pain radiating into the right lower extremity. 6-7/10 pain complaints were reported. The applicant had undergone a recent transforaminal epidural steroid injection at L4-L5 and L5-S1, the treating provider reported, on September 21, 2015. Multilevel lumbar medial branch blocks were sought. The applicant was using Flexeril, Norco, and naproxen, the treating provider reported. The applicant was not working, the treating provider acknowledged. Diagnostic 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:

Right, lumbar, L4, median branch nerve block under fluoroscopic guidance, Qty 1: 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.

Decision rationale: No, the request for a right L4 lumbar medial branch block was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 notes that facet neurotomies should only be performed after appropriate investigation involving diagnostic medial branch blocks, this recommendation is, however, supplemented by a more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Low Back Disorders Chapter, which notes on page 604 that diagnostic facet injections (AKA medial branch blocks) are not recommended for treatment of radicular pain syndromes. Here, the applicant presented on October 12, 2015 reporting ongoing issues with low back pain radiating into the right leg. The applicant had recently undergone an epidural steroid injection to ameliorate the same. The diagnostic medial branch block at issue was not, thus, indicated in the radicular pain context present here, per the Third Edition ACOEM Guidelines Low Back Disorders Chapter. Therefore, the request was not medically necessary.

Right, lumbar, L5, median branch nerve block under fluoroscopic guidance, Qty 1: 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 rationale: Similarly, the request for a right L5 medial branch block was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does acknowledge that facet neurotomy should only be performed after appropriate investigation involving diagnostic medial branch blocks, this recommendation is, however, supplemented by a more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Low Back Disorders Chapter, which notes on page 604 that diagnostic facet injections (AKA medial branch blocks) are not recommended for radicular pain syndromes. Here, the applicant presented on October 12, 2015 with ongoing complaints of low back pain radiating into the right lower extremity. The applicant's presentation, thus, was suggestive or evocative of an active lumbar radiculopathy process. The applicant had recently undergone an epidural steroid injection for the same, the treating provider reported on October 12, 2015. Pursuit of medial branch blocks was not, thus, indicated in the radicular pain context present here, per the Third Edition ACOEM Guidelines Low Back Disorders Chapter. Therefore, the request was not medically necessary.

Right, sacroiliac, S1, median branch nerve block under fluoroscopic guidance, Qty 1: 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.

Decision rationale: Finally, the request for a right S1 medial branch block was likewise 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 appropriate investigation involving diagnostic medial branch blocks, this recommendation is, however, supplemented by a more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Low Back Disorders Chapter, which notes on page 604 that diagnostic facet injections (AKA medial branch blocks) are not recommended in the treatment of any radicular pain syndrome. Here, the applicant's complaints of low back pain radiating into the right leg were suggestive or evocative of an active lumbar radiculopathy type process for which the diagnostic facet injections (AKA medial branch blocks) at issue is not recommended, per ACOEM. Therefore, the request was not medically necessary.