

Case Number:	CM15-0221025		
Date Assigned:	11/16/2015	Date of Injury:	06/22/2012
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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, 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 June 22, 2012. In a Utilization Review report dated November 2, 2015, the claims administrator failed to approve a request for lumbar medial branch blocks. An October 22, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On October 8, 2015, the applicant received multilevel right-sided lumbar medial branch blocks. On October 22, 2015, the applicant reported ongoing issues with chronic low back pain. The applicant was described as having electrodiagnostically-confirmed lumbar radiculopathy for which the applicant received multiple epidural steroid injections, the treating provider reported. Sharp, burning, stabbing, and pinprick sensations were noted, including about the bilateral thighs, the treating provider reported. The applicant was Cymbalta, Lyrica, Norco, and Flexeril, the treating provider reported. The applicant was not working and was receiving disability benefits in addition to Workers Compensation indemnity benefits, the treating provider reported in the Social History section of the note. Multiple medications were renewed and/or continued while bilateral medial branch blocks were seemingly sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Block, Bilateral L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009.

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: The request for bilateral lumbar medial branch blocks was not medically necessary, medically appropriate, or indicated here. The MTUS position in ACOEM Chapter 12, page 301 is, however, augmented by the Third Edition ACOEM Guidelines Low Back Disorders Chapter, which notes on page 64 that diagnostic facet injections (AKA medial branch blocks) are not recommended in the treatment of any radicular pain syndrome. Here, the applicant presented on October 22, 2015 reporting ongoing issues with low back pain radiating into the bilateral thighs. The applicant was using Cymbalta and Lyrica, presumably for residual radicular pain complaints present on that date. The applicant had undergone prior epidural steroid injections, again presumably for lumbar radiculopathy. The treating provider further reported on October 22, 2015 that the applicant had an electrodiagnostically-confirmed radiculopathy. The medial branch blocks in question were not, thus indicated, in the lumbar radiculopathy context present here. Therefore, the request was not medically necessary.