

Case Number:	CM15-0036626		
Date Assigned:	03/05/2015	Date of Injury:	01/20/2012
Decision Date:	04/15/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/26/2015

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 54-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 29, 2012. In a Utilization Review Report dated February 6, 2015, the claims administrator failed to approve a request for multilevel medial branch blocks. The claims administrator referenced progress notes of December 18, 2014 and January 13, 2015 in its determination. The claims administrator noted that the applicant had undergone an earlier failed lumbar fusion surgery, it was incidentally noted. The applicant's attorney subsequently appealed. On August 1, 2014, the applicant was placed off of work, on total temporary disability owing to ongoing complaints of low back, mid back, knee, and leg pain. A medical-legal evaluator noted on February 12, 2014 that the applicant had ongoing complaints of low back pain radiating into the right leg status post earlier failed lumbar fusion surgery. The applicant had undergone various epidural steroid injections over the course of the claim, including on January 10, 2013, and had received an L5-S1 fusion procedure on February 9, 2013, the medical-legal evaluator noted. The applicant was not working, the medical-legal evaluator reported. On November 11, 2014, the applicant was described as having persistent complaints of low back pain with associated lower extremity radicular pain complaints. The applicant was using Neurontin for the same. The applicant was apparently considering a lumbar hardware removal procedure and/or medial branch blocks, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Injection for L3,4, S1 MMB: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, page 301 does acknowledge that diagnostic medial branch blocks can be employed as a precursor to pursuit of subsequent facet neurotomies in applicants with discogenic or facetogenic low back pain, in this case, however, the applicant's presentation was not, consistent or compatible with the diagnosis of facetogenic or discogenic low back pain for which medial branch blocks could have been considered. The applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities on multiple office visits, referenced above, throughout mid to late 2014. The applicant was using Neurontin, for presumed radicular pain. The applicant had undergone earlier epidural steroid injection therapy, again, for presumed radicular pain. The applicant had also undergone earlier fusion surgery, again for presumed radicular pain. Diagnostic medial branch blocks, thus, were not indicated in the context of the applicant's ongoing lumbar radicular pain complaints. Therefore, the request was not medically necessary.