

Case Number:	CM15-0039619		
Date Assigned:	03/10/2015	Date of Injury:	10/10/2011
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/03/2015

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 48-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain and major depressive disorder (MDD) reportedly associated with an industrial injury of October 10, 2011. In a Utilization Review Report dated February 16, 2015, the claims administrator failed to approve a request for multilevel medial branch blocks. Non-MTUS ODG guidelines were invoked, along with an office visit dated February 12, 2015. The applicant's attorney subsequently appealed. In a work status report dated February 5, 2015, the applicant was placed off of work, on total temporary disability. Medial branch blocks were endorsed on an RFA form dated February 6, 2015. In an associated progress note of the same date, February 6, 2015, the applicant reported persistent complaints of mid and low back pain radiating to the bilateral lower extremities, right greater than left. The applicant had ancillary complaints of depression. The applicant reported difficulty exercising, driving, and/or caring for himself secondary to his chronic pain issues. Tramadol, Flexeril, Prilosec, and multilevel medial branch blocks were endorsed. 4+/5 right lower extremity strength was appreciated. The attending provider stated that the applicant had had an earlier epidural steroid injection, without benefit. Electrodiagnostic testing of September 24, 2014 was suggested (but not conclusive) for an L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Differential Median Branch Nerve Blocks (B), Lumbar (L3, L4, L5): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back; Facet joint diagnostic blocks (injections).

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 differential dorsal ramus diagnostic medial branch blocks can be employed in applicants with suspected diskogenic or facetogenic pain, as a precursor to pursuit of subsequent facet neurotomy procedures, in this case, however, the applicant's ongoing issues of low back pain radiating to the bilateral lower extremities and earlier electrodiagnostic testing of September 24, 2014 were, in fact, suggestive of an active lumbar radiculitis process. The applicant's primary pain generator, thus, does not appear to be facetogenic or diskogenic low back pain for which the medial branch blocks at issue could be considered. Therefore, the request was not medically necessary.