

Case Number:	CM14-0127184		
Date Assigned:	08/13/2014	Date of Injury:	02/04/2008
Decision Date:	10/16/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 4, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of aquatic therapy; opioid therapy; and various interventional spine procedures. In a Utilization Review Report dated July 25, 2014, the claims administrator denied a request for a series of two lumbar medial branch blocks. The applicant's attorney subsequently appealed. In a January 24, 2014 progress note, the attending provider acknowledged that the applicant was off of work. The applicant was not exercising, it was noted. The applicant was status post earlier lumbar fusion surgery, subsequent hardware removal, gastric bypass surgery, and epidural steroid injection therapy. The applicant was severely obese, with a BMI of 30. The applicant was moderately depressed, it was stated. The applicant was using allopurinol, gabapentin, OxyContin, oxycodone, and Indocin, it was noted. The applicant was receiving Social Security Disability Insurance (SSDI), it was acknowledged. On July 3, 2014, the applicant reported 8/10 low back pain in section of the report, it was stated. The applicant weighed 236 pounds, it was stated. In another section of the report, it was stated that the applicant's pain scores were 7/10. The applicant exhibited normal gait with limited lumbar range of motion. Multilevel medial branch blocks were sought. In an earlier note dated June 12, 2014, SI joint injections were sought. In an earlier note dated April 9, 2014, the applicant was asked to employ Nortriptyline, presumably for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block on the right at L3, L4 and L5, series of 2 injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12-8 309 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, of which the medial branch blocks in question are a subset, are deemed "not recommended." While ACOEM Chapter 12, page 301 does establish some limited role for medial branch blocks as a precursor to radiofrequency neurotomy procedures, in this case, however, there is considerable lack of diagnostic clarity. The applicant has been given earlier SI joint injections for presumed sacroiliac joint pain, epidural steroid injections for presumed radicular pain, and nortriptyline for presumed neuropathic pain. Therefore, the request is not indicated both owing to the unfavorable ACOEM position on the article at issue as well as owing to the considerable lack of diagnostic clarity present here. Accordingly, the request is not medically necessary.