

Case Number:	CM14-0179002		
Date Assigned:	11/03/2014	Date of Injury:	03/04/2014
Decision Date:	12/15/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/28/2014

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 low back pain reportedly associated with an industrial injury of March 4, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and one prior set of medial branch block. In a Utilization Review Report dated October 6, 2014, the claims administrator denied a request for a second set of medial branch block, invoking non-MTUS ODG Guidelines which reportedly recommended no more than one set of medial branch blocks. The claims administrator stated that its decision was based on progress note of September 2, 2014 and associated Request for Authorization (RFA) form. A May 27, 2014 progress note was notable for comments that the applicant reported ongoing complaints of low back pain. Mobic, Biofreeze gel, and medial branch blocks were sought. The attending provider stated that he would request a radiofrequency ablation procedure if the medial branch blocks were successful. A rather proscriptive 10-pound lifting limitation was endorsed. On July 8, 2014, the applicant reported an appropriate temporary reduction in pain scores following multilevel medial branch blocks. It was suggested that the applicant move forward to medial branch radiofrequency ablation procedures. Mobic was refilled. A rather proscriptive 10-pound lifting limitation was endorsed. On September 2, 2014, the applicant was again given a diagnosis of low back pain secondary to lumbar facet syndrome. Mobic and lumbar radiofrequency ablation procedures were sought while a 10-pound lifting limitation was renewed. On October 28, 2014, the applicant was given diagnoses of myofascial pain syndrome and lumbago. The applicant was given trigger point injection therapy on this occasion. A 10-pound lifting limitation was again renewed. It was stated that the injections represent a repeat trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, L5 Medial Branch Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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, 12-8 309.

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 at issue are a subset, are deemed "not recommended." In this case, it is further noted that there is a considerable lack of diagnostic clarity present here. The applicant has been given diagnosis of myofascial pain syndrome, nonspecific low back pain, and facetogenic low back pain. Furthermore, the MTUS Guideline in ACOEM Chapter 12, page 301 suggests that applicants who demonstrate a favorable response to diagnostic medial branch blocks should pursue facet neurotomy procedures. Here, the attending provider has not furnished much in the way of a rationale for repeat medial branch blocks. It is not clear why repeat medial branch blocks are being pursued in the face of the (a) considerable lack of diagnostic clarity and multiple pain generators present here and (b) the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.