

Case Number:	CM14-0204907		
Date Assigned:	12/17/2014	Date of Injury:	11/05/2009
Decision Date:	02/11/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/08/2014

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] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 5, 2009. In a Utilization Review Report dated November 9, 2014, the claims administrator failed to approve a request for a medial branch block and pain management consultation. Norco and Prilosec were, however, approved. The claims administrator did reference an October 21, 2014 progress note in its determination. The claims administrator did seemingly suggest that the applicant had active lumbar radicular complaints on that date. The applicant's attorney subsequently appealed. In a September 15, 2014 supplemental report, the attending provider stated that the applicant had issues with symptomatic spondylolisthesis and should go onto pursue a surgical fusion at this level. In a progress note dated November 24, 2014, the applicant reported persistent complaints of low back and bilateral lower extremity pain with applicants using Norco, Restoril, and Prilosec. The applicant had issues with dyspepsia in which Prilosec was helping. Restoril was not effectively attenuating the applicant's symptoms of insomnia. A 9-10/10 low back pain was noted. The applicant was asked to pursue an L5 pars repair caused by spondylolisthesis. Postoperative manipulative therapy and physical therapy were sought. Permanent restrictions were renewed. The applicant was not working and last worked in November 2009, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 Medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 Guidelines in ACOEM Chapter 12, Table 12-8, page 309, facet joint injection, which the medial branch blocks at issue are a subset, are deemed "not recommended." While ACOEM Chapter 12, page 301 does establish a limited role for diagnostic medial branch blocks prior to pursuit of subsequent facet neurotomy procedures, in this case, however, the applicant does not seemingly have discogenic or facetogenic low back pain for which diagnostic/investigational medial branch blocks should be considered. The applicant has been given a diagnosis of lumbar radiculopathy secondary to symptomatic spondylolisthesis for which the applicant is pursuing a lumbar fusion surgery. It is not clear why diagnostic medial branch blocks are being sought in the clinical context present here. Therefore, the request was not medically necessary.

Chronic pain management consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127 and on the Non-MTUS Official Disability Guidelines (ODG), Pain, Office Visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part I: Introduction section Page(s): 1.

Decision rationale: As noted on page one of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis to determine whether a specialist evaluation is necessary. Here, the applicant is off of work. The applicant has ongoing complaints of low back pain which have been insufficiently controlled despite introduction of Norco, an opioid agent. Obtaining the added expertise of a physician specializing in chronic pain, such as pain management consultant, is, thus indicated. Therefore, the request is medically necessary.