

Case Number:	CM14-0215513		
Date Assigned:	01/05/2015	Date of Injury:	02/19/2010
Decision Date:	03/03/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 19, 2010. In a Utilization Review Report dated December 8, 2014, the claims administrator failed to approve a request for lumbar medial branch blocks. The claims administrator stated that its decision was based on an RFA form received on December 1, 2014. The applicant's attorney subsequently appealed. In a June 23, 2014 progress note, the applicant reported persistent complaints of neck pain radiating down the bilateral arms. The applicant's medication list included Lidoderm, Lodine, Nexium, tizanidine, Lyrica, and Percocet, it was acknowledged. Multiple medications were renewed, including butalbital, Celebrex, Percocet, Lidoderm, tizanidine, Lyrica, and Nexium. Permanent work restrictions were also endorsed, effectively resulting in the applicant's removal from the work place, the treating provider acknowledged. In a November 19, 2014 progress note, the applicant reported persistent complaints of axial low back pain, reportedly worse with extension. 9/10 pain was reported. The applicant was on Lidoderm, Nexium, butalbital, Celebrex, Percocet, Lyrica, and Flexeril. The applicant's activity levels were poor. The applicant was essentially unchanged. Permanent work restrictions were endorsed while oxycodone, Celebrex, Senna, and Lyrica were renewed. The note was somewhat difficult to follow and mingled historical complaints with current complaints. Medial branch block therapy was sought. The attending provider noted that the applicant exhibited 5/5 lower extremity strength with some diminution of upper extremity strength. Hyposensorium was also noted about the upper extremities. An earlier note of September 26, 2014 was notable for comments

that the applicant reported persistent complaints of neck pain radiating down the right arm. The applicant was not working, it was reiterated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar medial branch block at L4, L5 and S1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, diagnostic medial branch blocks can be employed as a precursor to pursuit of subsequent facet neurotomy procedures. Here, the attending provider has posited that the applicant has ongoing complaints of facetogenic low back pain. Multiple progress notes on file, including the November 19, 2014 progress note, referenced above, suggested that the applicant's low back complaints were axial in nature. There was no mention of any issues with low back pain radiating to either leg. The applicant's pain was reportedly worsened with motion, suggesting some facetogenic elements to the applicant's symptoms. Moving forward with the proposed medial branch blocks, thus, was indicated. Therefore, the request was medically necessary.