

Case Number:	CM15-0119509		
Date Assigned:	07/06/2015	Date of Injury:	08/05/2009
Decision Date:	08/11/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/22/2015

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 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 12, 2009. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve a request for multilevel lumbar medial branch blocks. The claims administrator stated that the applicant had had prior medial branch blocks and radiofrequency ablation procedures. The claims administrator took exception with some of the attending provider's reporting, suggesting that it was erroneous. A May 7, 2015 progress note was referenced in the determination. On January 17, 2015, the applicant was given refills of and/or asked to continue Motrin, tizanidine, Lidoderm patches, Ambien, and Lyrica. 5/10 low back pain complaints were noted. The applicant was pending a shoulder surgery, it was noted. A Toradol injection was apparently performed owing to a flare of pain. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. The applicant was described as carrying a diagnosis of lumbosacral neuritis status post earlier failed lumbar laminectomy surgery. On May 19, 2015, the applicant was again given an injection of Toradol. Lyrica, Ambien, Lidoderm, tizanidine, and Motrin were continued and/or renewed. The applicant reported issues with his toes going numb. Nerve conduction testing was endorsed. Once again, 5/10 pain was reported. The applicant's work status was not explicitly stated. The applicant did exhibit paraspinal tenderness, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch nerve block, bilateral L3, L4, L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 604 2.

Decision rationale: No, the request for multilevel lumbar medial branch blocks was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 notes that facet neurotomy should not be performed without precursor diagnostic medial branch blocks, here, however, the applicant's presentation was not, in fact, evocative or suggestive of radicular low back pain for which the medial branch blocks in question could have been considered. The applicant had undergone lumbar spine surgery, presumably for radicular pain complaints. The applicant was described as having residual paresthesias and lower extremity numbness on a May 19, 2015 progress note. The applicant was using Lyrica, again presumably for residual radicular pain complaints. All of the foregoing, taken together, argued against the presence of facetogenic low back pain complaints for which the diagnostic medial branch blocks in question could have been considered. The Third Edition ACOEM Guidelines Low Back Chapter notes that diagnostic facet joint injections (AKA medial branch blocks) are not recommended in the treatment of any radicular pain syndrome. Here, the applicant's primary pain generator was, in fact, lumbar radiculopathy. Therefore, the request was not medically necessary.