

Case Number:	CM15-0122732		
Date Assigned:	07/07/2015	Date of Injury:	06/09/1999
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/25/2015

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 49-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of July 9, 1999. In a Utilization Review report dated June 20, 2015, the claims administrator failed to approve requests for multilevel medial branch blocks under fluoroscopic guidance and IV sedation. The claims administrator referenced an RFA form dated June 5, 2015 in its determination. The applicant's attorney subsequently appealed. On May 28, 2015, the applicant received multilevel medial branch blocks in T12 and L3. The applicant had undergone multiple prior lumbar radiofrequency ablation procedures, it was reported. Repeat multilevel medial branch blocks were proposed. The applicant had undergone four failed lumbar spine surgeries, it was acknowledged, and also received multiple epidural steroid injections and previous lumbar radiofrequency ablation procedure. It was stated that the applicant could consider a neuromodulator stimulator at this point. In a progress note dated May 13, 2015, the applicant reported ongoing complaints of low back pain, 8/10. The applicant was apparently working in a modified capacity, it was acknowledged. The applicant received multiple lumbar radiofrequency ablation procedures, it was reported. The applicant was using Levoxyl, Zestoretic, Prilosec, oxycodone, Zestril, allopurinol, Percocet, Lyrica, Imitrex, Norvasc, and Pamelor, it was reported. The applicant was given diagnoses to include lumbar spondylolysis and lower extremity peripheral neuropathy. The applicant did report symptoms of numbness; it was suggested toward the top of the report. A painful gait was reported. The applicant was given refills of Cymbalta, Duragesic, Percocet, and tizanidine. Multilevel medial branch blocks were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block at T12-L1, L1, L2, L2-L3 with fluoroscopic guidance and IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 301; 181. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Low Back Problems, Facet joint diagnostic blocks (injections).

Decision rationale: No, the request for multilevel medial branch blocks at T12-L1, L1, L2, and L2-L3 under fluoroscopic guidance and IV sedation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 notes that differential dorsal ramus medial branch diagnostic blocks, the article at issue here, represent a precursor to subsequent facet neurotomy procedures, in this case, however, the applicant had already received multiple facet neurotomy/radiofrequency ablation procedures at the levels in question. It was not clearly stated why repeat diagnostic medial branch blocks were being performed after the applicant had already received multiple lumbar radiofrequency ablation procedures. The MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181 also notes that diagnostic blocks such as the medial branch blocks in question are "not recommended" in the evaluation and management of applicants with upper back complaints, as were present in the form of the applicant's thoracic spine related complaints. A clear rationale for repeat medial thoracic and lumbar medial branch blocks was not, thus, set forth here. The attending provider, furthermore, did not reconcile his request for medial branch blocks with is stated diagnoses on May 13, 2015 of residual lumbar radiculopathy/peripheral neuropathy status post earlier failed lumbar spine surgery. The applicant was still using Lyrica and Cymbalta on this date, presumably for residual neuropathic or radicular pain complaints, arguing against the presence of bona fide facetogenic or diskogenic mid and low back pain for which medial branch blocks could be considered. ODG's Low Back Chapter Facet Joint Diagnostic Blocks topic, furthermore, notes that no more than one set of diagnostic medial branch blocks should be performed prior to pursuit of facet neurotomy procedures. Here, as noted previously, the applicant had already received multiple prior medial branch block procedures. ODG also suggests that no more than two facet joint levels should be injected in one session. Here, the attending provider apparently chose to target four to five different levels. Therefore, the request was not medically necessary.