MAXIMUS Federal Services

Case Number:	CM15-0170291		
Date Assigned:	09/10/2015	Date of Injury:	08/25/2014
Decision Date:	10/16/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/28/2015

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 [redacted] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 25, 2014. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for lumbar medial branch blocks. An August 12, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On August 12, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was status post earlier lumbar epidural steroid injection therapy, it was reported. The applicant was on Naprosyn, Norflex, Norco, Pamelor, and Motrin, it was reported. The applicant was reportedly working on full-time basis; it was stated in the social history section of the note. Positive facet loading was noted. The applicant exhibited a normal gait. Lumbar medial branch blocks were sought; it was stated toward the bottom of the note. Toward the bottom of the note, it was stated that the applicant was not working and was a candidate for vocational rehab. The note, thus, was, at times, difficult to follow and internally inconsistent. Lumbar 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:

1 Left L4-L5 and L5-S1 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 604.

Decision rationale: No, the request for left L4-L5 and L5-S1 lumbar medial branch blocks was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does note that facet neurotomies should be performed only after appropriate investigation involving diagnostic medial branch blocks, here, however, the attending provider's progress note of August 12, 2015 did not furnish a clear or compelling rationale for pursuit of diagnostic medial branch blocks in the face of the applicant's concomitant complaints of low back pain radiating to the bilateral lower extremities. The attending provider did not clearly state why medial branch block injections were sought when the applicant seemingly carried a diagnosis of lumbar radiculopathy status post earlier lumbar epidural steroid injection. 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 radicular pain syndromes, as was seemingly present here on or around the date of the request, August 12, 2015. Therefore, the request was not medically necessary.