

Case Number:	CM15-0173981		
Date Assigned:	09/15/2015	Date of Injury:	09/23/2011
Decision Date:	10/22/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/03/2015

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 69-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 23, 2011. In a Utilization Review report dated August 19, 2015, the claims administrator partially approved a request for multilevel medial branch blocks. The claims administrator referenced an August 11, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On said August 11, 2015 progress note, the applicant reported ongoing complaints of shoulder pain status post earlier shoulder corticosteroid injection. The applicant also reported complaints of mostly axial low back pain with a lesser degree of leg pain. The applicant also reported tingling about the left great toe and paresthesias about the right and left calves, it was stated in another section of the note. The applicant had comorbidities including depression, anxiety, and shoulder arthritis, it was reported. The applicant exhibited tenderness about the SI joint. The applicant was asked to undergo diagnostic of multilevel medial branch blocks. The attending provider stated in one section that the applicant had issues with lower extremity claudication suggestive of spinal stenosis. The applicant's work status was not explicitly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic bilateral L4-5 and L5-S1 medial branch block under fluoroscopy Qty: 1.00:
 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 (updated 07/17/2015).

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 Recommendation: Diagnostic Facet Joint Injections for Treatment of Acute or Subacute Low Back Pain or Radicular Pain Syndromes Diagnostic facet joint injections are not recommended for treatment of acute or subacute low back pain or radicular pain syndromes. Strength of Evidence - Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for multilevel diagnostic medial branch blocks at L4-L5 and L5-S1 was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does acknowledge that facet neurotomy should be performed only after appropriate investigation involving diagnostic medial branch blocks, i.e., the article at issue here, in this case, however, the attending provider failed to furnish a clear or compelling rationale for pursuit of diagnostic medial branch blocks when several sections of the attending provider's August 11, 2015 progress note suggested that the applicant's primary pain generators were, in fact, lumbar radiculopathy and/or superimposed lumbar spinal stenosis. The attending provider reported on August 11, 2015 that the applicant had left great toe numbness and tingling in one section of the note. The other section of the note stated the applicant had bilateral calf and/or thigh pain. Yet a third section suggested the applicant had claudication like symptoms suggestive of spinal stenosis. The Third Edition ACOEM Low Back Disorders 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 request, August 11, 2015. Therefore, the request was not medically necessary.