

Case Number:	CM15-0093671		
Date Assigned:	05/20/2015	Date of Injury:	03/22/2012
Decision Date:	06/25/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/14/2015

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 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 22, 2012. In a Utilization Review report dated April 22, 2015, the claims administrator failed to approve requests for multilevel medial branch blocks. The claims administrator referenced an RFA form received on April 16, 2015 and an associated progress note dated March 19, 2015 in its determination. Non-MTUS ODG Guidelines were invoked. The applicant's attorney subsequently appealed. On March 31, 2015, the applicant apparently underwent suture removal following an earlier nasal reconstructive surgery for a nasal fracture. In a progress note dated April 7, 2015, the applicant reported ongoing complaints of shoulder pain, 8 to 9-1/2 over 10. Headaches, mid back pain, low back pain, and bilateral knee pain were reported. Ear and nose pain were also evident. The applicant was on naproxen, Norco, Prilosec, Prozac, Lidoderm, and Restoril, it was noted. The applicant was using a walker to move about. A visibly antalgic gait was evident. The applicant exhibited hyposensorium about the right leg in the L5-S1 distribution, it was reported, with positive bilateral straight leg raising. The applicant was given various diagnoses, including left leg radiculopathy secondary to disk bulging with associated S1 nerve root impingement, it was stated. The attending provider appealed the previously denied knee surgery. A motorized scooter, repeat medial branch blocks at L4-S1, an ENT follow up, left knee MRI, and knee surgery consultation were endorsed while the applicant was placed off of work, on total temporary disability. Transportation to and from physician office visits was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block injection, Bilateral (lumbosacral) L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Facet joint Medial Branch Blocks.

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

Decision rationale: No, the request for multilevel medial branch blocks is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does acknowledge that diagnostic medial branch blocks can be employed as a precursor to pursuit of subsequent facet neurotomy procedures, here, however, the attending providers framed the request as a request for repeat diagnostic medial branch blocks. It was not clearly stated why the applicant needed to obtain a second set of medial branch blocks after having previously received a first set of the same. It is further noted that the applicant's presentation was not, in fact, consistent or suggestive of facetogenic or discogenic low back pain for which the medial branch blocks at issue could have been considered. The applicant reported ongoing complaints of low back pain radiating into left leg. The applicant was given a diagnosis of left leg radiculopathy on the April 7, 2015 office visit at issue. It did not appear, thus, that the applicant was an appropriate candidate for medial branch blocks at issue, for all of the stated reasons. Therefore, the request is not medically necessary.