

Case Number:	CM14-0038928		
Date Assigned:	06/27/2014	Date of Injury:	08/12/2002
Decision Date:	08/07/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/02/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic low back pain associated with an industrial injury of August 12, 2002. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, and adjuvant medications. In a March 22, 2014 appeal letter, the attending provider stated that the applicant had severe, constant axial low back pain for which medial branch blocks were indicated. In a March 21, 2014 progress note, the applicant was described as having persistent complaints of low back and right knee pain. The attending provider stated that he suspected a superficial peroneal neuropathy. The attending provider also suggested that the applicant had positive facet loading about the lumbar spine without any lower extremity paresthesias, in another section of the report. A March 14, 2014 progress note is notable for comments that the applicant had persistent complaints of low back pain and right lower extremity paresthesias. The applicant was reportedly working full time. The applicant is status post ACL reconstruction surgery. The patient also had a right superficial peroneal neuropathy, and also carries a diagnosis of chronic myofascial pain syndrome. Naprosyn, Neurontin, and regular duty work were sought. On March 12, 2014, it was again stated that the applicant was working full time as a technician at the [REDACTED]. Well-preserved lower extremity motor strength was noted despite positive facet loading. L4 and L5 medial branch blocks were sought as a precursor to pursuit of possible radiofrequency ablation procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 and L5 Medial Branch Blocks x2: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

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

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines, facet neurotomy should be performed only after appropriate investigation involving diagnostic medial branch blocks. In this case, the attending provider has posited that the applicant has facetogenic or axial low back pain which has proven recalcitrant to time, medications, observation, and other conservative treatments. The applicant has positive facet loading and pain appreciated on range of motion testing, as noted on several office visits referenced above. The applicant specifically denied any lumbar radicular complaints. It did appear, based on the submitted documentation, that the applicant did have facetogenic low back pain for which diagnostic medial branch blocks were indicated. Therefore, the request is medically necessary.