

Case Number:	CM14-0140398		
Date Assigned:	09/10/2014	Date of Injury:	10/27/2001
Decision Date:	10/07/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/29/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 57-year-old male who sustained an injury on 10/27/01. As per the report of 8/28/14, he continued to have chronic pain in the lower back. Pain is 5/10 and was brought on with such activities as bending, lifting, prolonged standing straining at stool and lying flat. Exam of lumbar spine showed some decreased range of motion of the lumbar spine secondary to pain. There was positive lumbar tenderness and paraspinal muscle spasm. Treatment included physical therapy, acupuncture, medications, diagnostics, and medial branch blocks on 1/7/14 which gave a positive result. Current medications include Norco 2.5 milligrams, Tramadol extended release 150 milligrams, Naprosyn 550 milligrams, Neurontin 300 milligrams, and Protonix 20 milligrams, which he stated were helpful. The report of 3/19/14 also indicated that he has been prescribed Vicodin, Flexeril and topical cream. He previously underwent a lumbar fusion at L4-5. Urine toxicology tests were done in April and May 2014. Magnetic resonance imaging of lumbar spine dated 11/19/12 showed lumbar fusion L5-S1 with large disc at L2-3 in addition to lesser disc protrusion L3-4 and L4-5 and evidence of lumbar fusion L5-S1. His diagnoses are cervicalgia, thoracic/lumbar disc degeneration, pain in thoracic spine, and lumbago. The requests for medial branch blocks at L3-4 were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch blocks at L3-4: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Diagnostic Block

Decision rationale: Per CA MTUS /ACOEM guidelines and Official Disability Guidelines, facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intra-articular and medial branch blocks if used anyway: there should be no evidence of radicular pain, spinal stenosis, or previous fusion, If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive), When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the medical records document the injured worker had previous fusion. There is no clear imaging evidence of lumbar facet arthritis. The injured worker previously had lumbar facet medial branch block; however, the amount and duration of pain relief have not be specified. The injured worker does not meet the above criteria. Therefore, the request is not medically necessary according to the guidelines and due to lack of documentation.