

Case Number:	CM14-0155690		
Date Assigned:	09/25/2014	Date of Injury:	01/28/2005
Decision Date:	11/05/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/23/2014

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 Illinois. 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 52-year-old female who reported injury on 01/28/2005. The mechanism of injury was the injured worker stepped in a puddle of water and landed on a dead mouse. The injured worker underwent a lumbar fusion in 2009 and a spinal cord stimulator implant with a subsequent removal of the spinal cord stimulator on 06/30/2014. The injured worker was noted to have a lumbar MRI and a CT scan. Prior treatments included an epidural steroid injection and medications. The epidural steroid injection provided little relief. The documentation of 08/08/2014 revealed the injured worker had pain in the low back. The injured worker was noted to be doing better since the spinal cord stimulator explant. The injured worker indicated the pain was across her low back and was aggravated with movement. The injured worker's medications included fentanyl 25 mcg per hour patch apply 1 every 72 hours, Lidoderm 5% patches 1 twice a day, Neurontin 600 mg 1 every 8 hours, Terocin lotion 2.5/25/0.025/10% apply to effected area twice a day, Ambien 5 mg 1 to 2 at bedtime as needed, Norco 5/325 mg tablets 1 every 4 to 6 hours as needed for pain maximum 3 per day, cyclobenzaprine 7.5 mg tablets 1 twice a day as needed, and morphine sulfate IR 15 mg tablets 1 four times a day as needed. The physical examination revealed the injured worker was able to ambulate without assistance; however, reported subjective weakness and mechanical falls. The bilateral extremity reflexes both in the upper and lower extremities were +2. The injured worker's sensation was intact to light touch and proprioception. The injured worker had positive facet loading. The injured worker had tenderness to palpation of the bilateral paraspinals. There were no bony or soft tissue abnormalities. The injured worker had decreased range of motion. The diagnoses included lumbar spondylosis without myelopathy and lumbar or lumbosacral disc degeneration. The treatment plan included a lumbar bilateral L4-5 medial branch block nerve. There was no rationale or request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar BL L4 and L5 Medical Branch Nerve Blocks: 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), Treatment Index, 12 ed(web), 2014, Low Back Facet Joint Diagnostic Blocks

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

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The clinical documentation submitted for review indicated the injured worker had tenderness to palpation and a normal sensory examination. The injured worker's sensation was intact to light touch and proprioception. However, there was a lack of documentation of a failure of conservative care, including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. Additionally, there was a lack of documentation indicating the levels for the prior fusion to support that the injection was not planned at that level. Given the above, the request for lumbar BL L4 and L5 medical branch nerve blocks is not medically necessary.