

Case Number:	CM13-0011363		
Date Assigned:	03/10/2014	Date of Injury:	10/27/2009
Decision Date:	04/25/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/15/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 45 year old female who had a work injury dated 10/27/09. Her diagnoses include: 1. Cervical spine pain with radicular symptoms to the right upper extremity; 2. Lumbar spine sprain/strain; 3. Cervical spine sprain/strain; 4. Low back pain with radicular symptoms to the right lower extremity; 5. Lumbar spine spondylosis at the level of L4-L5 and LS-S1 bilaterally based on MRI of lumbar spine dated March 28, 2012; 6. Bilateral sacroiliac joint arthritis; and 7. Paracervical and paraspinal muscle spasm. There is a request for the medical necessity of a bilateral L4-5 and L5-S1 diagnostic medial branch block. According to the 6/20/13 pain management consultation follow-up report, the patient presents for follow-up on her low back and neck pain. The patient continues to complain of neck pain, which radiates to her bilateral shoulders and on right side radiates up to her head. The patient reports that on her right side, the neck pain radiates to lateral side of her head and towards the top of her head. She also continues to note pain in her mid back and low back area. The patient reports her low back pain radiates to her right thigh area. There is muscle spasm in the cervical spine with tenderness bilaterally in the cervical spine right greater than left. There is tenderness noted in the midline cervical region, and tenderness noted in the midline thoracic region. Muscle spasm is noted in the cervical and thoracic spine region. Deep tendon reflexes are intact in both the biceps and brachioradialis bilaterally. The muscle motor strength is 5/5 in both of the upper extremities. Sensation is intact in the bilateral C4-T1 dermatomes. There is decreased cervical motion. Spasm is present with range of motion of the cervical spine. Shoulder motion produces pain in the cervical spine. Trapezial tenderness and spasm is present. The lumbar spine exam revealed that the heel walk is not normal bilaterally secondary to pain. The toe walk is not normal bilaterally secondary to pain. There is tenderness noted in the lumbar paraspinal region bilaterally. There is

tenderness noted in the midline lumbar spine. There is muscle spasm noted in the lumbar spine. The bilateral patella and Achilles reflex are normal bilaterally. The Iliopsoas, Quadriceps, Tibialis anterior, Extensor hallucis longus, Gastrocnemius are 4/5 bilaterally. There is intact sensation in L1, L2, L3 bilaterally, but decreased in the right L4, L5 dermatomes. The lumbar spinous processes, interspinous ligaments, posterior superior iliac space, sacroiliac joint, and facet joint all reveal tenderness. The straight leg raise testing does produce leg pain in the sitting position on the right. The straight leg raise does produce back pain in the sitting position. Lumbar extension does cause pain over the facet joints. The FABERE testing is positive. There is decreased lumbar range of motion. Spasm is present with range of motion of the lumbar spine. The treatment plan states that the provider is requesting authorization for bilateral L4-L5 and L5-S1 medial branch block as a diagnostic test. The patient continues to complain of pain in her lumbar area, with radicular symptoms to her right lower extremity. The patient has not responded to conservative treatment so far, including medications and physical therapy. A 3/28/12 lumbar MRI revealed that the posterior disc contour is within normal limits throughout the lumbar spine, without evidence of significant foraminal encroachment or spinal canal stenosis, and that there is no evidence of lumbar spine vertebral body fracture or focal trabecular stress reaction. There is mild bilateral L4-S and LS-S1 facet joint arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-5 AND L5-S1 DIAGNOSTIC MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines in Workers' Compensation (2007); MEDLINE/Pubmed, the Anthem Blue Cross Medical Policies and Clinical UM Guidelines, the National Guideline Clearing House (<http://www.guidelines.gov>), Government Agency, Medical Society and other auth

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: Facet joint diagnostic blocks (injections).

Decision rationale: The MTUS/ACOEM Guidelines indicate that facet-joint injections of cortisone and lidocaine are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the Final Determination Letter for IMR Case Number CM13-0011363 4 transitional phase between acute and chronic pain. The documentation indicates that patient has radicular symptoms from the low back. The Official Disability Guidelines indicate that patients should have non-radicular low back pain as part of the criteria for a medial branch block. The request for L4-5 and L5-S1 diagnostic medial branch blocks are not medically necessary, and does not meet guideline criteria.