

Case Number:	CM13-0058946		
Date Assigned:	12/30/2013	Date of Injury:	09/30/2008
Decision Date:	07/29/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/27/2013

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 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:

This 45 year-old patient sustained an injury on 9/30/08 while employed by [REDACTED]. Request under consideration include prospective request for 1 Medial Branch Block at L4-5, L5-S1 Bilaterally between 10/2/2013 & 12/22/2013. Diagnoses list Lumbago/ low back pain with right lower extremity radiculopathy; cervical spine pain with right upper extremity radiation; right shoulder strain/sprain; psychological diagnosis; gastrointestinal irritation and constipation; and s/p bilateral CTS with recurrent right CTS. The patient continues to treat for chronic ongoing pain complaints in the cervical and lumbar spine. Medications list Vicodin ES, Prilosec, Topical compounds, and Narcosoft. The patient continues with physical therapy for bilateral wrists. Report of 10/2/13 from the provider noted the patient with overall worse mild to moderate pain since last visit with pain and weakness in the left hand; abdominal pain, constipation, weight gain, stress, dental pain, jaw pain, dry mouth, gastritis, depression, sexual problems, anxiety, and sleep disturbance. Exam showed no change from previous visit of 8/20/13 noting patient to be alert, oriented, in moderate distress, frustrated, obese, and shuffling gait, moving protectively. Report of 11/5/13 noted no exam findings changed. Report of 12/17/13 from the provider had checked boxes of exact unchanged complaints of 10/2/13 and exact unchanged exam checked without any musculoskeletal exam recorded or neurological deficits identified. The patient remained TTD. Treatment included PT, acupuncture, meds, and injections of bilateral shoulders under ultrasound, with MRI (non-specific location) dated 3/17/11 circled as negative. The request for Prospective Request For 1 Medial Branch Block at L4-5, L5-S1 Bilaterally between 10/2/2013 & 12/22/2013 was non-certified on 10/28/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Medial branch block at L4-5, L5-S1 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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 (therapeutic injections), pages 412-418: Not recommended except as a diagnostic tool. Minimal evidence for treatment.

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Submitted reports have not demonstrated clear indication and medical necessity for the facet blocks. Facet blocks are not recommended in patient who may exhibit radicular symptoms as in this injured worker with right leg pain radiculopathy. There was no MRI report provided showing any facet arthropathy, but has demonstrated possible etiology for radicular symptoms. Submitted reports have not demonstrated any remarkable clinical findings on exam to support for the facet blocks outside guidelines criteria. The 1 medial branch block at L4-5, L5-S1 bilaterally is not medically necessary and appropriate.

(1) medial branch block at C4-5, C5-6 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint diagnostic blocks, pages 601-602: Recommended prior to facet neurotomy (a procedure that is considered "under study").

Decision rationale: Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. There is no report for electrodiagnostic studies, MRI reports, or clinical findings to suggest facet arthropathy for this chronic injury of 2008 with ongoing pain and unchanged functional status. Submitted reports have no indication for failed conservative trial for diagnoses of cervical spine pain with radiculopathy, not meeting guidelines criteria, nor were there any clinical findings suggestive of facet arthrosis. The 1 medial branch block at C4-5, C5-6 bilaterally is not medically necessary and appropriate.

