

Case Number:	CM13-0063660		
Date Assigned:	12/30/2013	Date of Injury:	10/16/2002
Decision Date:	05/12/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/10/2013

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 Pain Management 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 is a patient with a date of injury of 10/16/02. A utilization review determination dated 11/26/13 recommends non-certification of acupuncture, bilateral L2-L4 medial branch blocks, and L5 dorsal ramus block. It noted that prior facet joint blocks have been performed, but other than a mention of a positive result from that procedure, there was no documentation such as a change in VAS pain scores, ROM, strength, etc. For acupuncture, prior sessions have been completed, but there was also no documentation to support improvement such as a change in VAS pain scores, ROM, strength, etc. 10/7/13 medical report identifies low back pain s/p anterior/posterior lumbar fusion at L4-5. Facet joint blocks have been helpful. Medications including Norco and tramadol are helping to reduce pain and normalize function. Pain is in the low back and radiates into the left thigh/hip and right buttock. On exam, there is limited ROM and tenderness over the L3-S1 facet joints bilaterally with positive facet joint loading, tenderness over the left SI joint, positive left SI joint loading maneuvers, and diminished sensation in the left L5 dermatomal distribution. Recommendation was to block the facet joints above and below the fusion (L3-4 and L5-S1) and proceed to rhizotomy if there is a positive result. Otherwise, a left diagnostic SI joint injection would be done. Ongoing acupuncture was also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

A BILATERAL L2-L4 MEDIAL BRANCH BLOCK AND DORSAL RAMUS BLOCK AT L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG LOW BACK, FACET JOINT DIAGNOSTIC BLOCKS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

Decision rationale: The California MTUS supports the use of medial branch blocks prior to consideration for facet neurotomy. ODG more specifically cites suggested indicators of pain related to facet joint pathology, including a normal sensory examination and absence of radicular findings, and that it is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. Within the documentation available for review, there is radiating pain and an abnormal sensory examination with decreased sensation in the left L5 distribution. Additionally, it is noted that the patient underwent facet joint injections in the past, but there is no indication of any quantifiable pain relief, functional improvement, and/or decreased medication use after that procedure to demonstrate that the facets are likely pain generators. In light of the above issues, the currently requested Bilateral L2-L4 Medial Branch Block and Dorsal Ramus Block at L5 is not medically necessary.

ACUPUNCTURE FOR THE LUMBAR SPINE (12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, a trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is documentation of prior acupuncture, but no clear documentation of functional improvement as defined above to support continuation of this form of treatment. In the absence of such documentation, the currently requested acupuncture is not medically necessary.