

Case Number:	CM13-0066720		
Date Assigned:	01/03/2014	Date of Injury:	04/06/2010
Decision Date:	04/21/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 65-year-old female who reported an injury on 04/06/2010. The mechanism of injury involved a motor vehicle accident. The patient is currently diagnosed with cervical facet syndrome, cervical pain, lumbar facet syndrome, shoulder pain, low back pain, and hip bursitis. The patient was seen by [REDACTED] on 11/14/2013. The patient reported lower back pain with numbness to the left lower extremity. Physical examination of the lumbar spine revealed limited range of motion, tenderness to palpation, hypertonicity, and positive facet loading maneuver, negative straight leg raising, and decreased strength with external rotation of the shoulder. Treatment recommendations included a medial branch block at L3-5. The latest MRI of the lumbar spine submitted for this review is dated 02/03/2011, which indicated advanced hypertrophic facet changes at L4-5 and severe left and moderate right hypertrophic facet changes at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT LUMBAR MEDIAL BRANCH BLOCK AT L3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG - low back facet joint pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks

Decision rationale: The California MTUS Guidelines state that invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines state that clinical presentation should be consistent with facet joint pain, signs and symptoms. Per the documentation submitted, there is no evidence of a failure to respond to conservative treatment, including home exercise, physical therapy, and nonsteroidal anti-inflammatory drugs (NSAIDs), prior to the procedure for at least 4 weeks to 6 weeks. It is noted that the patient is scheduled to undergo physical therapy and a TENS unit trial. Therefore, the patient does not currently meet the criteria for the requested procedure. As such, the requested medial branch block at L3 is not medically necessary or appropriate at this time.

RIGHT LUMBAR MEDIAL BRANCH BLOCK AT L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG - low back facet joint pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks

Decision rationale: The California MTUS Guidelines state that invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines state that clinical presentation should be consistent with facet joint pain, signs and symptoms. Per the documentation submitted, there is no evidence of a failure to respond to conservative treatment, including home exercise, physical therapy, and nonsteroidal anti-inflammatory drugs (NSAIDs), prior to the procedure for at least 4 weeks to 6 weeks. It is noted that the patient is scheduled to undergo physical therapy and a TENS unit trial. Therefore, the patient does not currently meet the criteria for the requested procedure. As such, the requested medial branch block at L4 is not medically necessary or appropriate at this time.

RIGHT LUMBAR MEDIAL BRANCH BLOCK AT L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG - low back facet joint pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks

Decision rationale: The California MTUS Guidelines state that invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines state that

clinical presentation should be consistent with facet joint pain, signs and symptoms. Per the documentation submitted, there is no evidence of a failure to respond to conservative treatment, including home exercise, physical therapy, and nonsteroidal anti-inflammatory drugs (NSAIDs), prior to the procedure for at least 4 weeks to 6 weeks. It is noted that the patient is scheduled to undergo physical therapy and a TENS unit trial. Therefore, the patient does not currently meet the criteria for the requested procedure. As such, the requested medial branch block at L5 is not medically necessary or appropriate at this time.