MAXIMUS Federal Services

Case Number:	CM14-0114102		
Date Assigned:	08/04/2014	Date of Injury:	08/16/2010
Decision Date:	09/17/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/22/2014

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 & 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:

The injured worker is a 56-year-old male who reported injury on 08/16/2010. The injured worker was doing jackhammer work almost 12 hours a day, and began to suffer from numbness and pain in both wrists and hands. The injured worker's treatment history included carpal tunnel surgeries on left wrist, medications, MRI studies, psychological evaluations, physical therapy, and TENS unit. The injured worker had undergone CTR on both sides in 2011, epidural steroid injection done in 2012 with subsequent ACDF C4- C7 on 05/23/2012. On 04/14/2014, the injured worker had a medial branch block at L4-S1. The injured worker received a bilateral L4-5 and S1 medial branch block. The injured worker was evaluated on 04/08/2014, and it was documented that the injured worker complained of having problems with both hands, but right greater than left. He had triggering in the right ring finger. The injured worker was able to move the head in all planes, there was some restriction and pain on range of motion, on observation. There was no quantification with ranges of motion; however, it appears to be quite restricted in flexion, extension, lateral flexion as well as rotation. On the range of motion of the neck, flexion was 40 degrees, extension was 35 degrees, right and left lateral flexion was 25 degrees, and right and left rotation was 60 degrees. Positive Tinel's and carpal tunnel bilaterally. Bilateral wrist, positive Tinel's at the carpal tunnel bilaterally, positive Phalen's test bilaterally. Lumbar spine revealed tenderness at L3-5 and associated paraspinal muscles. There was positive Kemp's bilaterally and bilateral straight leg raise test bilaterally at 25 degrees. There was decreased sensation at path L5-S1 dermatome on the right. Diagnosis included Status post Multilevel Anterior Cervical Spine Fusion on 05/22/2012 with residual dysphagia, dysphagia, no specific origin; this requires further evaluation, bilateral carpal tunnel release, right trigger finger and index finger release, left ring finger trigger finger, lumbar spine

disc bulge, lumbar spine radiculopathy. The injured worker had undergone MRI of the lumbar spine on 11/20/2013 that reported 5.7 mm circumferential disc bulge that was causing central spinal stenosis as well as sub articular stenosis and marked bilateral neural foraminal narrowing. There was significant modic changes noted throughout the lumbar spine associated with degenerative changes and not only neural foraminal stenosis was noted at L4-5 but also at L3-4. Degenerative disc changes are L3 through S1. Medications included Norco and Ambien. The request for authorization dated 02/18/2014 was for bilateral lumbar/sacral -1 medial branch facet rhizotomy-neuralysis. However, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar 4-Sacral-1 Medial Branch Facet Rhizotomy-Neuralysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Lumbar & Thoracic (Acute & Chronic) Facet joint medial branch blocks (therapeutic injections).

Decision rationale: The requested service is not medically necessary. According to the California MTUS/ACOEM Guidelines, invasive techniques have no proven benefit in treating acute low back symptoms. Furthermore, the guidelines do not recommend facet injections for low back disorders. More specifically, the Official Disability Guidelines recommends documented conservative care including home exercise, physical therapy and medications, prior to procedure for 4-6 weeks. Furthermore the guidelines indicate using a log to record activity to support subjective finding for medication use. The log should include the maximum pain relief, maximum pain duration and better pain control using the VAS pain scale. The documentation submitted indicated the injured worker had undergone a bilateral L4, L5 and S1 medial branch block; however the provider failed to indicate outcome measurements after the procedure. The documentation provided on 04/08/2014 had lack of evidence of conservative care such pain management / physical therapy and the outcome the home exercise regimen. As such, the request for bilateral lumbar 4 sacral-1medial branch facet rhizotomy-neuralysis median nerve block is not medically necessary.