

Case Number:	CM14-0122962		
Date Assigned:	08/08/2014	Date of Injury:	06/28/2011
Decision Date:	09/15/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/04/2014

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 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:

The injured worker is a 41-year-old female who reported an injury on 06/28/2011 after preventing a stack of plastic from falling on her. The injured worker reportedly sustained an injury to her cervical spine and low back. The injured worker's treatment history included activity modifications, ice and heat applications, chiropractic care, physical therapy, acupuncture, a home exercise program, lumbar supports, and multiple medications. The injured worker was evaluated on 06/18/2014. It was noted that the injured worker had increasing low back pain complaints. The injured worker's medications included Ketoprofen, Prilosec, and Terocin patches. Physical findings included tenderness to palpation of the lumbar spine extending into the bilateral facet region with positive facet provocation testing. The injured worker also had diminished sensation of the right C7 and right L5-S1 dermatomal distributions. The injured worker's diagnoses included multiple herniated discs of the cervical spine, facet arthropathy of the cervical spine, and facet hypertrophy of the lumbar spine. The injured worker's treatment plan included continued medications and medial branch blocks at the right L4-5 and L5-S1. It was noted in the clinical documentation that this was to be a diagnostic procedure to determine the injured worker's appropriateness for a rhizotomy. A Request for Authorization form for medial branch blocks on the right side of the L4-5 and L5-S1 was submitted on 06/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block at the right L4-L5 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Low Back Complaints.

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 Chapter, Facet Injections (diagnostic).

Decision rationale: The requested medial branch block at the right L4-5 level is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends facet rhizotomies based on an appropriate response to a diagnostic facet injection. Official Disability Guidelines recommend diagnostic facet injections for injured workers who have well documented facet mediated pain in the absence of radiculopathy that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has decreased sensation in the L5-S1 dermatomal distribution, as the clinical documentation does support that the injured worker has radiculopathy, a medial branch block would not be supported in this clinical situation. As such, the requested medial branch block at the right L4-5 level is not medically necessary or appropriate.

Medial Branch Block at the right L5-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Low Back Complaints.

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 Chapter, Facet Injections (diagnostic).

Decision rationale: The requested medial branch block at the right L5-S1 level is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends facet rhizotomies based on an appropriate response to a diagnostic facet injection. Official Disability Guidelines recommend diagnostic facet injections for injured workers who have well documented facet mediated pain in the absence of radiculopathy that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has decreased sensation in the L5-S1 dermatomal distribution, as the clinical documentation does support that the injured worker has radiculopathy, a medial branch block would not be supported in this clinical situation. As such, the requested medial branch block at the right L5-S1 levels is not medically necessary or appropriate.