

Case Number:	CM14-0124541		
Date Assigned:	08/08/2014	Date of Injury:	10/23/2012
Decision Date:	09/11/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/06/2014

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, has a subspecialty in Pain Medicine 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 patient is a 57-year-old male who sustained an industrial injury on 10/23/2012, secondary to lifting, twisting, and repetitive strain. Treatment to date has included medications and physical therapy. Diagnostic differential bilateral L3, L4 and L5 median branch nerve block (MBB) was denied on 7/31/2014. A Panel QME was performed on 2/20/2014, and the patient was diagnosed with 1. Multilevel lumbar spondylosis/disc disease causing mild to moderate spinal stenosis, symptomatic; 2. Chronic thoracic strain; 3. Multilevel cervical spondylosis/disc disease with associated borderline spinal stenosis without myelomalacia, symptomatic; 4. Associated myofascial pain disorder; 5. Chronic pain syndrome with history of substance abuse and psychosocial overlay. The QME suggested the patient may be a potential candidate for enrollment in a functional restoration program. The patient is at Maximum Medical Improvement (MMI). According to the 4/14/2014 visit note, the patient presents with complaints of chronic neck, mid back and low back pain. There are no acute changes in his pain condition. He continues with neck and back pain is worse with activity. He also reports having some depressive symptoms. Physical examination documents the patient has a normal non-antalgic gait, and ambulates without assistance. Current medications are Zanaflex, Restoril, and Tylenol #4. Diagnoses are lumbar disc displacement without myelopathy, sprain/strain of neck and thoracic region, and degenerative lumbar lumbosacral disease. The patient requires conservative management of his pain. He should avoid interventional treatment with spinal injections or surgery. Non-opioid medications will be continued secondary to his past history of substance abuse. Work status is with restrictions to lifting 10 lbs. and alternating between standing and sitting as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Differential Bilateral L3, L4 and L5 Median Branch Nerve Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (WEB) 2013-Low Back.

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 Injections; Facet joint pain, signs & symptoms.

Decision rationale: The CA MTUS/ACOEM guidelines state, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." According to the Official Disability Guidelines, lumbar facet joint medial branch blocks as therapeutic injections, are not recommended, and may only be considered as a diagnostic tool. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. There is minimal evidence for use as treatment. The medical records do not document a clinical presentation that is consistent with facet mediated pain. The medical records do not establish facet neurotomy is a potential treatment option in this case. Furthermore, injections must be limited to no more than two levels bilaterally. The request for MBB at three levels bilaterally exceeds the guidelines recommendations, and is not supported. The medical necessity of the request has not been established, and is therefore not medically necessary.