

Case Number:	CM14-0127074		
Date Assigned:	08/13/2014	Date of Injury:	11/11/2013
Decision Date:	10/01/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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, 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 injured worker is a 42 year old female who reported injury on 11/11/2013. The mechanism of injury was reported due to repetitive motion. Diagnoses included T7-8 disc herniation with stress injury, and L4-5 and L5-S1 degenerative changes including degenerative disc disease. The past treatments included anti-inflammatory medication and muscle relaxants, and chiropractic treatment which did not provide much relief. She was given stretches, however, reported she had not had much help with past therapy and therefore avoided them. An x-ray of the lumbar spine dated 12/23/2013, revealed L4-5 and L5-S1 facet degenerative disease with grade 1 anterolisthesis of L4 on L5 and L5 on S1. An MRI of the lumbar spine dated 12/31/2013, noted severe facet arthropathy, moderate bilateral foraminal narrowing a 9mm right facet synovial cyst at L4-5, and moderate facet arthropathy at L5-S1 with mild right sided neural foraminal narrowing and disc protrusion. Surgical history noted a neck fusion, and two knee surgeries. The Qualified Orthopedic Medical Evaluation note dated 05/02/2014, noted the injured worker complained of lower thoracic (mid back) symptoms that extend around the flank, and lesser symptoms extending into the upper back and shoulder areas. The physical exam revealed normal strength to her extremities, light touch and pinprick sensation grossly intact in all extremities, 1+ patellar reflexes bilaterally, 2+ reflexes to the achilles, biceps, triceps and brachioradialis bilaterally, negative straight leg raise and Babinski, tenderness to touch in the lower thoracic area, with noted back symptoms with axial load on the head and with rotation of the pelvis and shoulders in unison. Medications included Celebrex and Flexeril, and noted an intolerance for narcotics. The treatment plan noted a planned epidural, and continued medications and continued chiropractic or physical therapy, even though she has evidently not tolerated past physical therapy well, should be provided over the course of the next couple of months to optimize her

conservative treatment as well. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block Right L4-5 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Low Back Chapter: Criteria for the use of diagnostic blocks for facet 'mediated ' pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Low back, Facet joint diagnostic blocks (injections).

Decision rationale: The request for medial branch block right L4-5 qty 1 is not medically necessary. The injured worker had unspecified and unmeasured lower thoracic symptoms that extend around the flank, and lesser symptoms extending into the upper back and shoulder areas, with normal strength, intact sensation, negative straight leg raise, and back symptoms with axial loading and simulated rotation. The California MTUS/ACOEM guidelines state invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines further state, the patients clinical presentation should be consistent with facet joint pain, signs & symptoms. The guidelines note the use of medial branch blocks is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally, there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 facet joint levels are injected in one session. There is a lack of documentation demonstrating the injured worker has findings upon physical examination consistent with facetogenic pain. There is a lack of documentation indicating the medial branch block is being performed as a precursor to a rhizotomy. As such, a lumbar medial branch block is unsupported. Therefore, the request is not medically necessary.

Medial Branch Block Left L4-5 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Low Back Chapter: Criteria for the use of diagnostic blocks for facet 'mediated ' pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation) Low back, Facet joint diagnostic blocks (injections).

Decision rationale: The request for medial branch block left L4-5 qty 1 is not medically necessary. The injured worker had unspecified and unmeasured lower thoracic symptoms that

extend around the flank, and lesser symptoms extending into the upper back and shoulder areas, with normal strength, intact sensation, negative straight leg raise, and back symptoms with axial loading and simulated rotation. The California MTUS/ACOEM guidelines state invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines further state, the patients clinical presentation should be consistent with facet joint pain, signs & symptoms. The guidelines note the use of medial branch blocks is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally, there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 facet joint levels are injected in one session. There is a lack of documentation demonstrating the injured worker has findings upon physical examination consistent with facetogenic pain. There is a lack of documentation indicating the medial branch block is being performed as a precursor to a rhizotomy. As such, a lumbar medial branch block is unsupported. Therefore, the request is not medically necessary.

Medial Branch Block Right L5-S1 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Low Back Chapter: Criteria for the use of diagnostic blocks for facet 'mediated ' pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Low back, Facet joint diagnostic blocks (injections).

Decision rationale: Insert Rationale The request for medial branch block Right L5-S1 qty 1 is not medically necessary. The injured worker had unspecified and unmeasured lower thoracic symptoms that extend around the flank, and lesser symptoms extending into the upper back and shoulder areas, with normal strength, intact sensation, negative straight leg raise, and back symptoms with axial loading and simulated rotation. The California MTUS/ACOEM guidelines state invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines further state, the patients clinical presentation should be consistent with facet joint pain, signs & symptoms. The guidelines note the use of medial branch blocks is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally, there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 facet joint levels are injected in one session. There is a lack of documentation demonstrating the injured worker has findings upon physical examination consistent with facetogenic pain. There is a lack of documentation indicating the medial branch block is being performed as a precursor to a

rhizotomy. As such, a lumbar medial branch block is unsupported. Therefore, the request is not medically necessary.

Medial Branch Block Left L5-S1 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Low Back Chapter: Criteria for the use of diagnostic blocks for facet 'mediated' pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Low back, Facet joint diagnostic blocks (injections).

Decision rationale: The request for medial branch block Left L5-S1 qty 1 is not medically necessary. The injured worker had unspecified and unmeasured lower thoracic symptoms that extend around the flank, and lesser symptoms extending into the upper back and shoulder areas, with normal strength, intact sensation, negative straight leg raise, and back symptoms with axial loading and simulated rotation. The California MTUS/ACOEM guidelines state invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines further state, the patients clinical presentation should be consistent with facet joint pain, signs & symptoms. The guidelines note the use of medial branch blocks is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally, there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 facet joint levels are injected in one session. There is a lack of documentation demonstrating the injured worker has findings upon physical examination consistent with facetogenic pain. There is a lack of documentation indicating the medial branch block is being performed as a precursor to a rhizotomy. As such, a lumbar medial branch block is unsupported. Therefore, the request is not medically necessary.

Physical therapy (sessions) QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy (sessions) qty 12 is not medically necessary. The injured worker had unspecified and unmeasured lower thoracic symptoms that extend around the flank, and lesser symptoms extending into the upper back and shoulder areas, with normal strength, intact sensation, negative straight leg raise, and back symptoms with axial loading and simulated rotation. The California MTUS guidelines recommend physical therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort,

allowing 9-10 visits over 8 weeks for non-neuropathic symptoms. There was no evidence of significant functional limitations upon physical examination. The request for 12 visits exceeds the guideline recommendations, and the intended site of therapeutic focus was not provided to determine medical necessity. Given the aforementioned reasoning, 12 sessions of physical therapy would be excessive and unsupported at this time. Therefore, the request is not medically necessary.