

Case Number:	CM14-0138293		
Date Assigned:	09/05/2014	Date of Injury:	12/06/2011
Decision Date:	10/02/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/26/2014

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 Interventional Spine 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 58-year old female with an injury date of 12/06/11. The 07/15/14 report by [REDACTED] and the 07/21/14 report by [REDACTED] states that the patient presents with unchanged pain rated 5-10/10. She has thoracic pain (60% of total pain) more on the right than the left and lumbar pain (40%). There is ache and spasm sensation to the thoracolumbar region on the right. The patient is to return to full duty on 07/21/14. Examination reveals kyphosis of thoracic area, mild tenderness at right paravertebral area at T-9-12 level and right paralumbar area and SI joint but slightly at left paralumbar and SI joint at lower back with still significant pain on both sides of lower back on extensions of lumbar spine of the left side, positive facet load test on the left and much less on the right; leg seated SLR bilaterally. Gait is normal. The 06/16/14 radiofrequency neurotomy of the medial branch of the posterior primary ramus on the right at L3, L4, L5 and fluoroscopy for spine procedure states the following postoperative diagnosis: 1. Spondylosis without myelopathy 2. Disc degeneration 3. Back, spine pain Reports also note a radiofrequency neurotomy of the medial branch of the posterior primary ramus on the right at L3, L4, and L5 so as to again Denervate the facet joint levels of L4-5 and L5-S1 on 02/27/12 with 85% pain relief lasting as long as 04/18/13. The 05/19/12 MRI of the lumbar spine reports the following impression: 1. No central spinal canal stenosis 2. At L4-L5, very minimal anterolisthesis of L4 on L5 slight to mild left eccentric bulge, minimal annular tear, bony, ligamentous changes, no significant central stenosis, mild left neuroforaminal encroachment, abutting left exiting nerve root. 3. At L5-S1, slight left eccentric generalized bulge, bony, ligamentous changes, no significant central stenosis, mild left neuroforaminal encroachment, abutting left exiting nerve root. The 05/30/14 MRI of the thoracic spine reports no evidence of disc protrusion, spinal stenosis, or cord compression is noted. There is mild spondylitic

change. The patient's diagnoses include 1. Lower back pain, cause of injury, accidental fall, S/P facet block at RT lumbar spine 09/10/12 and S/P radiofrequency neurotomy of medial branch. 2. Facet joint arthropathy, thoracic the utilization review being challenged is dated 08/01/14. The rationale is that unresolved axial, non-radicular back pain, with positive facet exam findings and failed conservative treatment with potential anticipated surgical intervention has not been documented. Treatment reports were provided from 02/06/13 to 07/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoraco/lumbar medial branch block right T12-L1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), medial branch blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar and Thoracic (Acute and Chronic)

Decision rationale: ODG guidelines state that the criteria for the use of diagnostic blocks for facet mediated pain is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally and the patient must have facet pathology. Furthermore, documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks. Examination shows tenderness in the right paravertebral area, a positive facet load test on the left and much less on the right and a diagnosis of facet joint arthropathy, thoracic. There is no indication of radiculopathy and the treater's request is for two levels bilaterally. Reports repeatedly discuss conservative treatment through medication including Tylenol, heat and gentle stretching. Therefore, Thoraco/lumbar medial branch block right T12-L1 is medically necessary.

Thoraco/lumbar medial branch block left T12-L1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), medial branch blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Low Back, Lumbar and Thoracic (Acute and Chronic)

Decision rationale: ODG guidelines state that the criteria for the use of diagnostic blocks for facet mediated pain is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally and the patient must have facet pathology. Furthermore documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks. Examination shows tenderness in the right paravertebral area, a positive facet load test on the left and much less on the right and a diagnosis of facet joint arthropathy, thoracic. There is no indication of radiculopathy. The treater's request is for two levels bilaterally. Reports repeatedly discuss conservative treatment through medication including Tylenol, heat and gentle stretching. Therefore, Thoraco/lumbar medial branch block left T12-L1 is medically necessary.

Thoraco/lumbar medial branch block right T11-T12: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), medial branch blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Low Back, Lumbar and Thoracic (Acute and Chronic)

Decision rationale: ODG guidelines state that the criteria for the use of diagnostic blocks for facet mediated pain is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally and the patient must have facet pathology. Furthermore documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks. Examination shows tenderness in the right paravertebral area, a positive facet load test on the left and much less on the right and a diagnosis of facet joint arthropathy, thoracic. There is no indication of radiculopathy. The treater's request is for two levels bilaterally. Reports repeatedly discuss conservative treatment through medication including, heat and gentle stretching. Therefore, Thoraco/lumbar medial branch block right T11-T12 is medically necessary.

Thoraco/lumbar medial branch block left T11-T12: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medial branch blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar and Thoracic (Acute and Chronic)

Decision rationale: ODG guidelines state that the criteria for the use of diagnostic blocks for facet mediated pain is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally and the patient must have facet pathology. Furthermore documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks. Examination shows tenderness in the right paravertebral area, a positive facet load test on the left and much less on the right and a diagnosis of facet joint arthropathy, thoracic. There is no indication of radiculopathy. The treater's request is for two levels bilaterally. Reports repeatedly discuss conservative treatment through medication including Tylenol, heat and gentle stretching. Therefore, Thoraco/lumbar medial branch block left T11-T12 is medically necessary.