

Case Number:	CM14-0154152		
Date Assigned:	09/23/2014	Date of Injury:	07/25/2013
Decision Date:	10/24/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/22/2014

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, 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 injured worker is a 56-year-old female smoker who reported an injury when a falling television struck her in the head on 07/25/2013. On 11/15/2013, her diagnoses included lumbosacral sprain/strain, thoracic sprain/strain, cervical sprain/strain and contusion of the head, neck and face. On 09/02/2014, her complaints included neck and lower back pain. She noted that acupuncture treatments helped reduce her left leg pain. The rationale for the requested medial branch blocks was improvement of physical function including increased range of motion, standing and walking, improvement of general functional status including increasing activities of daily living, social and recreational activities. It was also hoped that these treatments would reduce her pain and improve her vocational status, including improvement in work function and returning to work, as well as reduction/discontinuation of opioids and reduction of healthcare utilization. A Request for Authorization form dated 09/11/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block bilateral C2-3 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back, Facet joint diagnostic blocks.

Decision rationale: Per the California ACOEM Guidelines facet injection of corticosteroids and diagnostic blocks are not recommended for the neck and upper back. The Official Disability Guidelines recommends medial branch blocks prior to facet neurotomy, which is a procedure that is considered under study. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The criteria for the use of diagnostic blocks for facet mediated pain include that it is limited to patients with pain that is non-radicular and at no more than 2 levels bilaterally. No more than 2 facet joint levels are injected in any 1 session. There should be documentation of failure of conservative treatment including home exercises, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. There was no submitted documentation of failure of conservative methods including home exercise, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. Additionally, the submitted requests are for blocks at 5 levels, (see additional requests) which exceed the recommendations in the guidelines. The clinical information submitted failed to meet the evidence based guidelines for medial branch blocks. Therefore, this request for Medial branch block bilateral C2-3 QTY: 1.00 is not medically necessary.

Medial branch block bilateral C3-4 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back, Facet joint diagnostic blocks.

Decision rationale: Per the California ACOEM Guidelines facet injection of corticosteroids and diagnostic blocks are not recommended for the neck and upper back. The Official Disability Guidelines recommends medial branch blocks prior to facet neurotomy, which is a procedure that is considered under study. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The criteria for the use of diagnostic blocks for facet mediated pain include that it is limited to patients with pain that is non-radicular and at no more than 2 levels bilaterally. No more than 2 facet joint levels are injected in any 1 session. There should be documentation of failure of conservative treatment including home exercises, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. There was no submitted documentation of failure of conservative methods including home exercise, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. Additionally, the submitted requests are for blocks at 5 levels, (see additional requests) which exceed the recommendations in the guidelines. The clinical information submitted failed to meet the evidence based guidelines for medial branch blocks. Therefore, this request for Medial branch block bilateral C3-4 QTY: 1.00 is not medically necessary.

Medial branch block bilateral C4-5 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back, Facet joint diagnostic blocks

Decision rationale: Per the California ACOEM Guidelines facet injection of corticosteroids and diagnostic blocks are not recommended for the neck and upper back. The Official Disability Guidelines recommends medial branch blocks prior to facet neurotomy, which is a procedure that is considered under study. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The criteria for the use of diagnostic blocks for facet mediated pain include that it is limited to patients with pain that is non-radicular and at no more than 2 levels bilaterally. No more than 2 facet joint levels are injected in any 1 session. There should be documentation of failure of conservative treatment including home exercises, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. There was no submitted documentation of failure of conservative methods including home exercise, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. Additionally, the submitted requests are for blocks at 5 levels, (see additional requests) which exceed the recommendations in the guidelines. The clinical information submitted failed to meet the evidence based guidelines for medial branch blocks. Therefore, this request for Medial branch block bilateral C4-5 QTY: 1.00 is not medically necessary.

Medial branch block bilateral T10-11 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections) and radiofrequency ablations.

Decision rationale: Per the California ACOEM Guidelines invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvements in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment (MBB) offers no significant long-term functional benefit, nor does it reduce the need for the surgery...Facet neurotomies should be performed only after appropriate investigation involving medial branch diagnostic blocks. The Official Disability Guidelines recommends medial branch blocks prior to facet neurotomy, which is a procedure that is considered under study. Diagnostic blocks are performed with the anticipation that if successful, treatment may

proceed to facet neurotomy at the diagnosed levels. The criteria for the use of diagnostic blocks for facet mediated pain include that they are limited to patients with pain that is non-radicular and at no more than 2 levels bilaterally. No more than 2 facet joint levels are injected in any 1 session. There should be documentation of failure of conservative treatment including home exercises, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. There was no submitted documentation of failure of conservative methods including home exercise, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. Additionally, the submitted requests are for blocks at 5 levels (see additional requests), which exceeds the recommendations in the guidelines. The clinical information submitted failed to meet the evidence based guidelines for medial branch blocks. Therefore, this request for Medial branch block bilateral T10-11 QTY: 1.00 is not medically necessary.

Medial branch block bilateral T11-12 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections) and radiofrequency ablations.

Decision rationale: Per the California ACOEM Guidelines invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvements in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment (MBB) offers no significant long-term functional benefit, nor does it reduce the need for the surgery...Facet neurotomies should be performed only after appropriate investigation involving medial branch diagnostic blocks. The Official Disability Guidelines recommends medial branch blocks prior to facet neurotomy, which is a procedure that is considered under study. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The criteria for the use of diagnostic blocks for facet mediated pain include that it is limited to patients with pain that is non-radicular and at no more than 2 levels bilaterally. No more than 2 facet joint levels are injected in any 1 session. There should be documentation of failure of conservative treatment including home exercises, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. There was no submitted documentation of failure of conservative methods including home exercise, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. Additionally, the submitted requests are for blocks at 5 levels, (see additional requests) which exceed the recommendations in the guidelines. The clinical information submitted failed to meet the evidence based guidelines for medial branch blocks. Therefore, this request for Medial branch block bilateral T11-12 QTY: 1.00 is not medically necessary.