

Case Number:	CM14-0158233		
Date Assigned:	10/01/2014	Date of Injury:	10/06/1994
Decision Date:	12/15/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/26/2014

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 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:

This is a patient with a date of injury of October 6, 1994. A utilization review determination dated September 12, 2014 recommends noncertification of left diagnostic lumbar medial branch blocks at levels above and below fusion. Initial consultation dated August 14, 2014 identifies subjective complaints of shoulder pain, leg pain, and low back pain. The note indicates that the patient underwent a posterior L4-5 fusion in 1996. The patient has previously undergone physical therapy which offered relief, chiropractic care which offer no relief, acupuncture which helped, epidural injectios which did not help, and psychological treatment. The patient is currently using analgesics and nonsteroidal anti-inflammatory medications. Physical examination findings revealed tenderness bilaterally in the lumbar region but most notably at the left adjacent to the spinous process over the lower facets. Lumbar range of motion is limited in extension and pain is worse with extension and axial rotation. Neurologic examination is normal. Diagnoses include anxiety disorder, postlaminectomy syndrome, lumbar or thoracic radiculopathy (noted to be intermittent minor pain), thoracic spondylosis, lumbar spondylosis, and myofascial pain syndrome. The treatment plan recommends continuing Norco, decreasing Xanax, request cognitive behavioral therapy, and request medial branch blocks above and below the fused L4/5 spinal segment based upon the unilateral pain with limited lumbar range of motion and exam findings. Diagnostic medial branch blocks are also requested at T5-6 and T6-7 facet joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Diagnostic Lumbar Medial Branch Block At Levels Above And Below Fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Diagnostic Facet Joint Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

Decision rationale: Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, it is unclear which levels are being requested for injection. The requesting physician has stated "levels above and below fusion," but it is unclear whether this is specifically one level above and one level below the fusion or multiple levels above and below the fusion. There is documentation of failed conservative treatment as well as physical examination findings which may be attributable to facet joint pathology. It is acknowledged that the patient has some radicular complaints, but they appear to be minor and intermittent. Additionally, the patient has previously undergone epidural injections which would constitute adequate treatment for that complaint. Unfortunately, there is no provision to modify the current request to recommend certification for one level above and one level below the fusion which would be in accordance with guidelines. As such, the currently requested "Left Diagnostic Lumbar Medial Branch Block At Levels Above And Below Fusion" are not medically necessary.