

Case Number:	CM14-0169866		
Date Assigned:	10/20/2014	Date of Injury:	10/01/2010
Decision Date:	11/20/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/14/2014

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 Pain Management 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 51 year old female with a date of injury on 10/1/2010. As per the report of 09/23/14, she complained of bilateral low back, right neck and right shoulder pain. The low back condition had worsened with 50% reduction in lumbar range of motion (ROM). Pain was aggravated by bending, twisting, and lifting. On exam, cervical extension was more painful than flexion. She had tenderness over the cervical, thoracic and lumbar paraspinal muscles. She had left cervical paraspinal tenderness over C6-C7, C7-T1 facet joints and had tenderness over the paraspinal muscles overlying bilateral L4-S1 facet joints. Right shoulder, cervical, and lumbar range of motion (ROM) were restricted by pain in all directions. Lumbar and cervical facet joint provocative maneuvers were positive. Muscle strength was 5/5 in all joints. Current medications include Ibuprofen and Centrum. She had failed physical therapy (PT), non-steroidal anti-inflammatory drugs (NSAIDs), and conservative treatments. Her left upper neck pain improved 90% since the fluoroscopically guided left C3-C4 and left C5-C6 facet joint rhizotomy dated 07/03/14. The fluoroscopically guided bilateral L4-5 and L5-S1 facet joint medial branch block was not authorized on 06/02/14. Diagnoses include left lower cervical facet joint pain, cervical facet joint arthropathy, left cervical facet joint pain at C3-C4, C4-C5, and C5-C6, positive fluoroscopically-guided diagnostic left C3-C4 and left C5-C6 facet joint medial branch block (MBB), lumbar facet joint pain at L4-5, L5-S1, lumbar disc protrusion, lumbar facet joint pain, lumbar sprain/strain, cervical disc protrusion, cervical stenosis, cervical sprain/strain, right shoulder superior labrum superior posterior (SLAP) tear, and right shoulder internal derangement. Diagnostic studies were not documented in the clinical records submitted with this request. The request for fluoroscopically-guided diagnostic bilateral L4-L5 & bilateral L5-S1 facet joint medial branch block and fluoroscopically-guided diagnostic left C6-C7 & left C6-C7 facet joint medial branch block was denied on 10/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided diagnostic bilateral L4-L5 & bilateral L5-S1 facet joint medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

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, Facet joint medial branch blocks (therapeutic injections)

Decision rationale: According to the Official Disability Guidelines (ODG), facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intra-articular and medial branch blocks if used anyway: No more than one block is recommended; there should be no evidence of radicular pain, spinal stenosis, or previous fusion. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, there are no records of prior physical therapy progress notes to demonstrate failure of a structured treatment program for a reasonable period of time (i.e. at least 4-6 weeks). There is no record of imaging study (i.e. X-ray, MRI) to rule out spinal stenosis. Therefore, the criteria for the facet medial branch block are not met; the request is considered not medically necessary based on the guidelines and submitted clinical information.

Fluoroscopically guided diagnostic left C6-C7 & left C6-C7 facet joint medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Facet joint diagnostic blocks

Decision rationale: According to the Official Disability Guidelines (ODG), the criteria for use of therapeutic intra-articular and medial branch blocks if used: No more than one block is recommended; there should be no evidence of radicular pain, spinal stenosis, or previous fusion. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, there are no records of prior physical therapy progress notes to demonstrate failure of a structured treatment program for a reasonable period of time (i.e. at least 4-6 weeks). There is no record of an imaging study (i.e. X-ray, MRI) to rule out spinal stenosis. Therefore, the criteria for the facet medial branch block are not met; the request is considered not medically necessary based on the guidelines and submitted clinical information.

