

Case Number:	CM14-0182272		
Date Assigned:	11/07/2014	Date of Injury:	04/18/2014
Decision Date:	12/12/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/03/2014

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 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 48 year old female with an injury date of 04/18/14. Based on the 10/20/14 progress report provided by [REDACTED] the patient complains of low back pain that radiates to his lower extremities and neck pain that radiates to his upper extremities rated 6-7/10. His medications include Naproxen, Tramadol, Cyclobenzaprine, Pantoprazole and topical creams. Physical examination to the cervical spine on 09/17/14 revealed tenderness to palpation and myospasm to the bilateral paracervical and trapezius muscles. Positive Spurling's and cervical distraction tests. Range of motion was slightly decreased. Examination to the lumbar spine revealed tenderness to the bilateral paralumbar muscles and right sciatic notch. Straight leg raise was positive on the right, as well as Braggard's test. Range of motion was decreased on all planes. MRI of the Cervical Spine on 06/25/14 indicates the following:- mild annular bulges at C3-4, C4-5 and C5-6 without effect on neural structures- mild disc space narrowing C5-6 indicating subtle disc degenerationMRI of the Lumbar Spine on 07/02/14 indicates the following:- broad based posterior disc protrusions measuring 4mm at L4-5 and L5-S1, with annular tear/fissure at L4-5 and mild left greater than right lateral recess stenosis at both levels- 3-4mm posterocentral disc protrusion at L3-4 without significant central canal or neural foraminal stenosisThe diagnoses for patient on 10/20/14 were headache, cervical radiculopathy, cervical sprain/strain, thoracic sprain/strain, lumbar radiculopathy, lumbar sprain/strain, and insomnia. The utilization review determination being challenged is dated 10/22/14. [REDACTED] [REDACTED] is the requesting provider and he provided treatment reports from 04/21/14 - 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Joint Injection: Upheld

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

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 & Thoracic (Acute & Chronic) chapter, Facet joint diagnostic blocks (injections)

Decision rationale: The patient presents with low back pain that radiates to his lower extremities and neck pain that radiates to his upper extremities rated 6-7/10. The request is for Facet Joint Injection. Physical examination to the cervical spine on 09/17/14 revealed tenderness to palpation and myospasm to the bilateral paracervical and trapezius muscles. Positive Spurling's and cervical distraction tests. MRI of the Cervical Spine on 06/25/14 revealed mild disc space narrowing C5-6 indicating subtle disc degeneration. Examination to the lumbar spine on 09/17/14 revealed tenderness to the bilateral paralumbar muscles and right sciatic notch. Straight leg raise was positive on the right, as well as Braggard's test. MRI of the Lumbar Spine on 07/02/14 revealed "broad based posterior disc protrusions measuring 4mm at L4-5 and L5-S1, with annular tear/fissure at L4-5 and mild left greater than right lateral recess stenosis at both levels." ODG guidelines have the following regarding Facet joint signs and symptoms: "C-spine facet: Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. - Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally.- No more than 2 joint levels are injected in one session (see above for medial branch block levels)." ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Facet joint diagnostic blocks (injections): "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." Patient's diagnosis on 10/20/14 included cervical and lumbar radiculopathy. Based on ODG, facet joint injections and medial branch blocks are 'limited to patients with pain that is non-radicular and at no more than two levels bilaterally,' in the cervical and lumbar spines. The request does not meet guideline criteria. Furthermore, treater has not indicated levels or sides where the injections will be performed. The request for Facet Joint Injection is not medically necessary.

Medial Branch Block to cervical/lumbar: Upheld

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

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 & Thoracic (Acute & Chronic) chapter, Facet joint diagnostic blocks (injections)

Decision rationale: The patient presents with low back pain that radiates to his lower extremities and neck pain that radiates to his upper extremities rated 6-7/10. The request is for Medical Branch Block To Cervical/Lumbar. Physical examination to the cervical spine on 09/17/14 revealed tenderness to palpation and myospasm to the bilateral paracervical and trapezius muscles. Positive Spurling's and cervical distraction tests. MRI of the Cervical Spine on 06/25/14 revealed mild disc space narrowing C5-6 indicating subtle disc degeneration. Examination to the lumbar spine on 09/17/14 revealed tenderness to the bilateral paralumbar muscles and right sciatic notch. Straight leg raise was positive on the right, as well as Braggard's test. MRI of the Lumbar Spine on 07/02/14 revealed "broad based posterior disc protrusions measuring 4mm at L4-5 and L5-S1, with annular tear/fissure at L4-5 and mild left greater than right lateral recess stenosis at both levels." ODG guidelines have the following regarding Facet joint signs and symptoms: " C-spine facet: Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. - Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally.- No more than 2 joint levels are injected in one session (see above for medial branch block levels)." ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Facet joint diagnostic blocks (injections): "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally."Patient's diagnosis on 10/20/14 included cervical and lumbar radiculopathy. Based on ODG, facet joint injections and medial branch blocks are 'limited to patients with pain that is non-radicular and at no more than two levels bilaterally,' in the cervical and lumbar spines. The request does not meet guideline criteria. Furthermore, treater has not indicated levels or sides where the injections will be performed. The request for Medial Branch Block is not medically necessary.