

Case Number:	CM14-0030839		
Date Assigned:	04/09/2014	Date of Injury:	09/10/2010
Decision Date:	05/27/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/28/2014

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 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 50-year-old male with a date of injury of 09/10/2010. The listed diagnoses per [REDACTED] are: 1) lumbosacral spondylosis without myelopathy; 2) degenerative lumbar/lumbosacral intervertebral disk; 3) lumbago; 4) thoracic/lumbosacral radiculitis; 5) spasm of muscle; 6) myalgia and myositis; 7) closed fracture, dorsal vertebral, without spinal cord injury; 8) closed fracture, lumbar vertebral, without spinal cord injury. According to report dated 11/18/2013, the patient presents with chronic mid-back pain, left hip, left shoulder, and left clavicle fracture pain. He continues to take MS Contin and MSIR with good relief. MRI of the T-spine from 03/15/2013 revealed chronic compression fracture of T10 vertebral body. No significant bulge or disk herniation at any level. MRI of the L-spine from 03/15/2011 revealed chronic compression fracture at L1. L1-L2 shows a 3-mm disk bulge extending to the foraminal zones. There is mild bilateral facet arthropathy. No significant spinal canal or neuroforaminal stenosis. L3-L4 shows a posterior annular tear. Examination revealed patient has somewhat limited AROM in lumbar and thoracic regions. He has an ataxic gait. He has burning pain in left leg to his knees, and feels numbness below his left knee. He has good strength in bilateral lower extremities. He has no foot drop, although he reports falling a few times. He has both radicular and facet pain. Recommendation is for continuation of medication and T10, T11, T12, and L1 MBB for diagnosis and treatment purpose.

IMR ISSUES, DECISIONS AND RATIONALES

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

T10, T11, T12, L1 MEDIAL BRANCH BLOCKS: 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) Facet Joint Diagnostic Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well as radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. In this case, the treating physician is requesting a 3 level blocks (4 levels of DMB blocks equals 3 levels of facet joints) and ODG recommends no more than 2 levels are to be injected at a time. Furthermore, the patient has a diagnosis of thoracic/lumbosacral radiculitis and noted to have radicular pain. ODG recommends facet blocks for non-radicular symptoms. Recommendation is for denial.