

Case Number:	CM14-0050926		
Date Assigned:	07/07/2014	Date of Injury:	05/26/2011
Decision Date:	09/03/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/18/2014

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 and is licensed to practice in Illinois. 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 57-year-old female with a reported date of injury of 05/26/2011. The mechanism of injury was reported as a motor vehicle accident. The injured worker's diagnoses included muscle spasms, neuralgia, neuritis, and radiculitis, sacroiliitis, spondylosis of the lumbar spine without myelopathy, degenerative disc disease of the cervical spine, degenerative disc disease of the lumbar spine, spondylosis of the cervical spine without myelopathy, myalgia and myositis, and facet arthropathy, as well as headache, anxiety, lumbago, dizzy spells, insomnia, chronic pain, sleep disturbances, panic attacks, and radiculopathy of the thoracic or lumbosacral spine. The MRI of the lumbar spine revealed lumbar spondylosis with degenerative joint disease, degenerative disc disease, and facet arthropathy. Previous therapy included chiropractic care as well as the medial branch blocks. The injured worker presented with back pain, rated at 4/10. The injured worker indicated that the pain radiated to the back, left ankle, right ankle, left arm, right arm, right foot, and right thigh. The MRI of the cervical spine dated 09/16/2011 revealed anatomic alignment. There was no spondylosis, and vertebral body height was maintained with mild discogenic endplate changes noted at C4-5 and C5-6 levels. At C2-3, there was mild disc desiccation without disc bulge or protrusion. The central canal and neural foramina were adequately patent. An MRI of the lumbar spine dated 09/12/2012 revealed L5-S1 very small central disc protrusion without significant neural impingement and L3-4 and L4-5 degenerative disc changes without canal stenosis or neural foraminal narrowing. The injured worker's medication regimen included ibuprofen and Klonopin. Upon physical examination of the cervical spine, range of motion revealed flexion to 40 degrees, extension to 40 degrees, right rotation to 60 degrees, left rotation to 50 degrees, right lateral bending to 35 degrees, and left lateral bending to 30 degrees. The lumbar spine range of motion revealed flexion to 40 degrees, extension to 15 degrees, right rotation to 20 degrees, left rotation to 20 degrees, and lateral

bending to 15 degrees bilaterally. In addition, the injured worker presented with positive straight leg raise bilaterally. Sensory examination revealed decreased pinprick on the top tip of her right 1st and 2nd fingers. The EMG and NCV study dated 02/11/2014 indicated the upper extremities and cervical paraspinal muscles as performed revealed right median nerve neuropathy at the wrist; documented left median nerve. The EMG and NCV of the lower extremities and lumbar paraspinal muscles revealed normal findings. The treatment plan and the rationale for the request were not provided within the documentation available for review. The Request for Authorization for medial branch nerve block C2, C3, and TON R and radiofrequency bilateral L3, L4, and L5 was submitted on 04/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch nerve block C2, C3 and TON R: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet Joint Diagnostic Blocks.

Decision rationale: The Official Disability Guidelines state that criteria for use of diagnostic blocks for facet nerve pain include 1 set of diagnostic medial branch blocks required with a response of greater than or equal to 70%. The pain response should be approximately 2 hours for lidocaine; limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally; there should be documentation of failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4 weeks to 6 weeks. No more than 2 joint levels are injected in 1 session. The clinical information provided for review indicates the injured worker complains of numbness and weakness in the hands. In addition, the clinical information provided for review lacks documentation related to the use and subsequent failure of physical therapy or other conservative treatment prior to the procedure for at least 4 weeks to 6 weeks. Therefore, the request for Medial branch nerve block C2, C3 and TON R is not medically necessary.

Radiofrequency Bilateral L3, L4 and L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Low Back - Lumbar & Thoracic (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 Radiofrequency Neurotomy.

Decision rationale: The Official Disability Guidelines recommend the criteria for use of facet joint radiofrequency neurotomy should include: treatment requires a diagnosis of facet joint pain using medial branch block; while repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure; approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. The clinical information provided for review indicates the injured worker had lumbar L3-4 and L5 medial branch blocks previously. The documentation indicates the injured worker had positive immediate results from the medial branch blocks. However, there is a lack of documentation related to the documented improvement in VAS pain score, decreased medications, and documented improvement in function. Therefore, the request for Radiofrequency Bilateral L3, L4 and L5 is not medically necessary.