

Case Number:	CM14-0063420		
Date Assigned:	07/23/2014	Date of Injury:	09/11/2006
Decision Date:	08/29/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/06/2014

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, and has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 who reported an injury on 09/11/2006. The mechanism of injury was not provided. The injured worker has diagnoses of cervical spondylosis, cervical radiculopathy, lumbar spine radiculopathy, and lumbosacral spondylosis without myopathy. Past treatments included Previous treatments included medications, physical therapy, modified duty, TENS unit and epidural steroid injections, diagnostic medial branch blocks, chiropractic care for lower back in 2013, medication, urine drug screens, physical therapy and home exercise program. Diagnostic studies included an MRI of the lumbar spine on 03/10/2014 and urine drug screen on 01/16/2014. The surgical history was not provided. On 04/03/2014, the injured worker was seen for chronic pain in multiple body parts. Her greatest concern was her low back pain that rated at 7/10. She described the pain as being in the midline and radiated across the beltline. She denied radiation into the legs. There was tenderness at the facets at L4-5 and L5-S1. The pain was constant with intermittent flare-ups, aching, sharp, shooting, burning, throbbing and dull. She had difficulty getting up from a seated position or bending down due to pain and stiffness. The injured worker stated she needed help with dressing and meal preparation, and chores. She suffered from depression, anxiety and irritability secondary to pain. The provider felt that since the injured worker was not showing signs of radicular pain at the time and does not have pain with extension in facet loading maneuvers, he felt her pain was mostly facetogenic in origin. On exam of the lumbar spine, spasms were present in the lumbar paravertebral region. The faber, pelvic shear test and stork test are positive on the right side. Range of motion of the lumbar spine was restricted. There was tenderness present in the cervical paravertebral regions. The Spurling's test was positive as well as radiculopathy. Medications included hydrocodone/acetaminophen 10/325 mg 1 tablet twice a day as needed,

Klonopin 1 mg tablets 1 three times a day as needed, Lyrica 300 mg capsules 1 capsule 3 times a day as needed, Nucynta 50 mg tablets 1 tablet 4 times a day as needed, trazodone 50 mg 2 tablets every night as needed. The treatment plan is for a medial branch block, continuing medications and follow-up in 4 weeks. The request is for an L4-5 and L5-S1 medial branch block first on right and a week later on left. The rationale was not provided. The request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 and L5-S1 Medial Branch Block first on right and a week later on the left: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The request for L4-5 and L5-S1 medial branch block first on right and a week later on left is not medically necessary. The injured worker has a history of back pain. The ACOEM Guidelines indicate that a facet Neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if Neurotomy is chosen as an option for treatment (a procedure that is still considered under study). The injured worker has received prior lumbar medial branch blocks. There was no improvement. The guidelines do not recommend more than one set of medial branch blocks. Therefore, the request is not medically necessary.