

Case Number:	CM14-0064792		
Date Assigned:	07/11/2014	Date of Injury:	04/06/2010
Decision Date:	09/10/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/08/2014

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 Occupational Medicine 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:

Patient is a 65 year-old female with date of injury 04/06/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/17/2014, lists subjective complaints as pain in the neck, right shoulder, and low back. Objective findings: Examination of the cervical spine revealed restricted range of motion due to pain, hypertonicity and tenderness of the paravertebral muscles and tenderness noted in the trapezius. Examination of the lumbar spine revealed range of motion restricted in all planes due to pain; tenderness, hypertonicity, and tight muscle band noted on the right side. Lumbar fact loading was positive on both sides. Faber test was negative and straight leg test was negative. Diagnosis: 1. Cervical facet syndrome 2. Cervical pain 3. Lumbar facet syndrome 4. Shoulder pain 5. Low back pain 6. Hip bursitis. An MRI performed on 03/20/2012 was positive for L5-S1 disc bulge and osteophytic ridge and moderate hypertrophic facet changes with mild bilateral neural foraminal stenosis. L4-L5 grade 1 degenerative spondylolisthesis of L4 with respect to L5. No evidence of spinal or neural foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block at right C4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines web version chronic back pain, Low back facet radio frequency under study.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint therapeutic steroid injections.

Decision rationale: The Official Disability Guidelines state that facet joint therapeutic steroid injections are not recommended. A medial branch block is generally considered a diagnostic block and has been used occasionally with patients who may undergo a surgical procedure. The ODG states clearly that the use of therapeutic intra-articular and median branch blocks is not recommended, but if used anyway, several criteria need to be met and the clinical presentation should be consistent with facet joint pain, signs, and symptoms. The medical record fails to document the criteria necessary for consideration of a therapeutic block. The request is not medically necessary.

Medial Branch Block at right C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines web version chronic back pain, Low back facet radio frequency under study.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint therapeutic steroid injections.

Decision rationale: The Official Disability Guidelines state that facet joint therapeutic steroid injections are not recommended. A medial branch block is generally considered a diagnostic block and has been used occasionally with patients who may undergo a surgical procedure. The ODG states clearly that the use of therapeutic intra-articular and median branch blocks is not recommended, but if used anyway, several criteria need to be met and the clinical presentation should be consistent with facet joint pain, signs, and symptoms. The medical record fails to document the criteria necessary for consideration of a therapeutic block. The request is not medically necessary.

Medial branch block at right L3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines web version chronic back pain, Low back facet radio frequency under study.

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), Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support

their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. The request is not medically necessary.

Medial Branch block at right L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines web version chronic back pain, Low back facet radio frequency under study.

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), Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. The request is not medically necessary.