

Case Number:	CM14-0097745		
Date Assigned:	09/23/2014	Date of Injury:	06/05/2009
Decision Date:	10/24/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/18/2014

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 & Rehabilitation 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 injured worker is a 42-year-old male who reported an injury on 06/05/2009. The mechanism of injury was not provided. The injured worker's diagnoses included status post L5-S1 total disc arthroplasty, right leg radiculopathy, L4-5 stenosis, and L4-5 and L5-S1 disc herniation. The injured worker's past treatments included medications, surgery, and injections. The injured worker's diagnostic testing included an official MRI of the lumbar spine on 07/24/2009; an official MRI of the lumbar spine on 07/15/2010; an official MRI scan in 10/2010 of the lumbar spine; an official CT scan of the lumbar spine in 10/2010; and an official MRI scan of the lumbar spine on 08/07/2012, which revealed L5-S1 to have anterior fusion and hardware and L4-5 had a 2 to 3 mm thick central disc protrusion. The injured worker had total disc arthroplasty to L5-S1 performed on 08/18/2011. On the clinical note dated 05/29/2014, the injured worker complained of central lower back pain relieved temporarily with trigger point injections rated between 4/10 and 5/10. The injured worker had range of motion to the lumbar spine and lower extremities as flexion 48 degrees, extension 19 degrees, left lateral bend 25 degrees, and right lateral bend 25 degrees. The motor strength was normal. The straight leg raise was negative in the bilateral lower extremities. The injured worker's medications included Motrin 800 mg, Norco 5/325 mg, and Soma 350 mg. The frequencies were not provided. The request was for a consultation with a pain management specialist for the lumbar spine and bilateral L4-5 and L5-S1 medial branch blocks. The rationale for the request was the injured worker had 1 year relief from the radiofrequency ablation; however, medial branch blocks are required prior to ablations. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a Pain Management Specialist (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- Evaluation and Management (E & M)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID MANAGEMENT Page(s): 78.

Decision rationale: The injured worker was diagnosed with status post L5-S1 total disc arthroplasty, right leg radiculopathy, L4-5 stenosis, and L4-5 and L5-S1 disc herniation. The injured worker complained of central lower back pain rated 4/10 to 5/10. The California MTUS Guidelines state consideration of consultation with a multidisciplinary pain clinic may be recommended if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety, or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The medical records lacked documentation of the injured worker being on opioids for more than 3 months. The medical records lacked documentation of the injured worker's condition of pain to have lasted more than 3 months. The medical records lacked documentation of efficacy of the current medication regimen. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain for the last 3 months. As such, the request for a consultation with a pain management specialist (lumbar) is not medically necessary.

Bilateral L4-L5 & L5-S1 Medial Branch Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back

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, MEDIAL BRANCH DIAGNOSTIC BLOCKS.

Decision rationale: The injured worker was diagnosed with status post L5-S1 total disc arthroplasty, right leg radiculopathy, L4-5 stenosis, and L4-5 and L5-S1 disc herniation. The injured worker complained of central lower back pain rated 4/10 to 5/10. The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to a facet neurotomy. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Clinical presentation should be consistent with facet joint pain signs and symptoms. Medial branch blocks should be limited to patients with cervical pain that is nonradicular and at no more than 2 levels bilaterally. There must be documentation of a failure of conservative treatment, prior to the procedure for at least 4 to 6 weeks. No more than 2 facet joint levels are to be injected in 1 session. The patient should

document pain relief with an instrument such as the VAS, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The injured worker was diagnosed with right leg radiculopathy and medial branch blocks are recommended for nonradicular pain. The medical records lacked documentation of a failure of conservative treatment. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. On the MRI of the lumbar spine from 08/07/2012, it was noted that the L5-S1 had fusion and hardware. The guidelines do not recommend injecting a fused level. As such, the request for bilateral L4-5 and L5-S1 medial branch blocks is not medically necessary.