

Case Number:	CM14-0187852		
Date Assigned:	11/18/2014	Date of Injury:	05/28/2003
Decision Date:	01/07/2015	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	11/12/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 62-year-old man who sustained a work-related injury on May 28, 2003. Subsequently, the patient developed chronic low back pain. In 2005, the patient underwent a disc removal and fusion at L5-S1. According to a progress report dated September 29, 2014, the patient continued to experience ongoing pain to his low back, which radiates down both lower extremities. This does rotate, sometimes his left worse than his right, and sometimes his right worse than his left. Physical examination revealed range of motion to flexion was 80 degrees, extension was limited to 20 degrees with subjective complaints of pain, bilateral rotation was 40 degrees, and bilateral tilt was 40 degrees. There was pain to palpation of bilateral L4-5 and L5-S1 paravertebral areas and mid spine, left worse than right. There was pain to the left sciatic notch to palpation. Reflexes were 1+ to the patellae symmetrically and 2+ to the Achilles on the right, but 0 to the Achilles on the left. He had a negative straight leg raise bilaterally, with strength being 4/5 to dorsiflexion and plantar flexion to both ankles and 5/5 to flexion and extension of both knees. The patient was diagnosed with degenerative disc disease of the lumbosacral spine status post L4-5 and L5-S1 fusion. The provider requested authorization for LEFT L4-5 AND L5-S1 FACET JOINT MEDIAL BRANCH NERVE BLOCK WITH FLUOROSCOPY, 1 EKG, 1 pre op CBC, Chem 7 and PT/PTT, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LEFT L4-5 AND L5-S1 FACET JOINT MEDIAL BRANCH NERVE BLOCK WITH FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According MTUS guidelines, <Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain>. According to ODG guidelines regarding facets injections, < Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. (Dreyfuss, 2003) (Colorado, 2001) (Manchikanti , 2003) (Boswell, 2005) See Segmental rigidity (diagnosis). In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial.>. Furthermore and according to ODG guidelines, < Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows:1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion.3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time.5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection. In this case, the patient has had in 2005 a fusion at the associated vertebral levels. Therefore, LEFT L4-5 AND L5-S1 FACET JOINT MEDIAL BRANCH NERVE BLOCK WITH FLUOROSCOPY is not medically necessary.

1 EKG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: There is no documentation of any cardiac issues in the patient file and the need for EKG is unclear. Therefore, the request for EKG is not medically necessary.

1 pre op CBC, Chem 7 and PT/PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Given that the patient has not been authorized for the proposed facet joint medial branch nerve block, 1 pre op CBC, Chem 7 and PT/PTT is not medically.

Soma #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA Page(s): 29.

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, there is no documentation of muscle spasms, cramping or trigger points that require treatment with a muscle relaxant. There is no justification for prolonged use of Soma. The request for SOMA is not medically necessary.