MAXIMUS Federal Services

Case Number:	CM14-0195423		
Date Assigned:	12/03/2014	Date of Injury:	09/19/2012
Decision Date:	01/15/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/21/2014

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 Anesthesiology and is licensed to practice in Tennessee. 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 49 year old male with a date of injury of September 19, 2012. Results of the injury include cervical spine, shoulders, and lumbar spine. Diagnosis include degenerative disc disease lumbar spine with degenerative spondylolisthesis L5-S1 and chronic lower back pain, degenerative disc disease cervical spine with chronic neck pain, numbness and tingling upper extremities rule out carpal tunnel syndrome, bilateral shoulder impingement improved on the right, and bilateral knee contusions improved. Treatment modalities include Voltaren, ultram, norco, weight loss program, a home exercise program, and a cervical traction unit. Magnet resonance imaging scan of the lumbar spine showed antherolisthesis is 2 mm at L5-S1; disc degeneration is mild to moderate at L5-S1 as well as mild at T12-L1 and L4-L5, L4-L5 mild to moderate left and moderate right foraminal stenosis, L5-S1 moderate bilateral foraminal stenosis, and no frank disc extrusion or central canal stenosis throughout the study. Physical examination noted July 28, 2014 showed restricted range of motion with moderate plus tenderness over the spinous processes mainly at the lumbosacral junction. Most recent progress report showed the injured worker as temporary totally disabled. Treatment plan for the lumbar spine included medications, injections and acupuncture for pain management. Utilization review form dated October 13, 2014 non certified Medial branch blocks at L4, L5 and S1 due to lack of compliance with Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch blocks at L4, L5 and S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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 Diagnostic Blocks (Injections)

Decision rationale: The request for medial branch blocks at L4, L5 and S1 are not medically necessary. According to the Official Disability Guidelines, it is recommended no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to a facet neurotomy at the diagnosed levels. The criteria for the use of diagnostic blocks include a clinical presentation consistent with tenderness to palpation in the paravertebral areas, a normal sensory examination, absence of radicular findings, and a normal straight leg raising exam; limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally; there should be documentation of failure of conservative treatment (to include physical therapy, home exercise program, and medications) prior to the procedure for at least 4 to 6 weeks; no more than 2 facet joint levels are injected in 1 session. The injured worker was noted with restricted range of motion and moderate tenderness over the spinous processes, mainly at the lumbosacral junction. In a clinical note dated 11/25/2014, the injured worker reported low back pain and radicular low back pain, which traveled posteriorly down both lower extremities to the level of the calves. On the examination dated 07/28/2014, the injured worker complained of moderate lower back pain that radiated to his buttocks and down both of his legs, associated with some numbness and tingling in both of his legs. The evidence based guidelines note in criteria for the use of diagnostic blocks it is limited to patients with low back pain that is nonradicular. The documentation did not provided sufficient evidence of tried and failed conservative care (including physical therapy, home exercise program, and medications). There should be no more than 2 facet joint levels injected in 1 session. In the absence of documentation with sufficient evidence of tried and failed conservative care (to include physical therapy, home exercise program, and medications), and as the guideline criteria note that the patient should have an absence of radicular findings, the request is not supported. As such, the request is not medically necessary.