MAXIMUS Federal Services

Case Number:	CM14-0208729		
Date Assigned:	12/22/2014	Date of Injury:	10/16/2012
Decision Date:	02/12/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/12/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 48 year old male with an injury date of 10/16/12. Based on the 10/24/14 progress report provided by treating physician, the patient complains of pain (unrated) to the lumbosacral spine, rhomboid pain accompanied by spasms exacerbated by twisting and bending. Patient is status post trigger point injections (x4), dates unspecified and status post anterior cervical discectomy/total disc arthroplasty on 05/07/13. Physical examination on 10/24/14 revealed tenderness to palpation to the lumbosacral spine, positive spasms in bilateral trapezii with trigger points, positive bilateral lumbosacral spine facet maneuver. Range of motion was decreased in all planes. The patient is currently prescribed Naproxen, Omeprazole, Fexmid, Gabapentin, and Menthoderm gel. Diagnostic MRI of the lumbar spine dated 10/01/14 was included significant findings included "L5-S1 Mild disc height loss and disc degeneration. A central and left paracentral annular tear of the disc is present adjacent to the left transiting S1 nerve root. Incidental 1cm vertebral body hemangioma in the LEFT L5 pedicle. There is mild bilateral foraminal narrowing due to facet arthrosis... The degree of disc degeneration is increased since the prior study." Patient is medically disabled and not working. Patient has undergone TENS unit therapy for lumbosacral pain. Diagnosis 10/24/14- Myofascial pain syndrome.- Cervical strain.- Lumbar strain.- Lumbar facet syndrome.- S/P cervical spine surgery.The utilization review determination being challenged is dated 11/13/14.The rationale is "There was a previous adverse determination dated 10/30/14 based on the Official Disability Guidelines which states that medial branch blocks should be limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally." Treatment reports were provided from 12/03/13 to 11/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical branch block bilateral L3, L4, L5, S1.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back (Acute & Chronic), Medial Branch Blocks

Decision rationale: The patient presents with pain (unrated) to the lumbosacral spine, neck pain accompanied by spasms exacerbated by twisting and bending. The request is for medial branch block bilateral L3, L4, L5, and S1. Physical examination on 10/24/14 revealed tenderness to palpation to the lumbosacral spine, and positive facet maneuvers. No prior facet diagnostic evaluations are noted and no radicular symptoms. The patient is currently prescribed Naproxen, Omeprazole, Fexmid, Gabapentin, and Menthoderm gel. Diagnostic MRI of the lumbar spine dated 10/01/14 was included. Patient is medically disabled and not working. Per progress notes, patient has undergone TENS unit therapy for lumbosacral pain and physical therapy.ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter states: "Medial branch blocks: This procedure is generally considered a diagnostic block. While it is not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms.1.There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2.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).3.When performing therapeutic blocks, no more than 2 levels may be blocked at any one time.4.If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy.5.There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy.6.No more than one therapeutic intra-articular block is recommended."In this case, progress reports provided indicate that the patient suffers from intractable chronic pain to his lumbar spine which is unresponsive to more conservative therapies such as Physical Therapy and TENS unit. The treater has documented that patient has findings consistent with potential facet joint syndrome along with no radicular symptoms, positive facet maneuvers on exam. Although the request is for 4 level DMB blocks, it actually only covers 2 level facet joints at L4-5 and L5-S1, consistent with maximum 2 levels recommended on ODG. The L5-1 level potentially receives innervation from L4, 5 AND S1 DMB. Therefore, request is medically necessary.