

Case Number:	CM15-0100878		
Date Assigned:	06/03/2015	Date of Injury:	06/28/1993
Decision Date:	07/01/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old male with a June 28, 1993 date of injury. A progress note dated April 16, 2015 documents subjective findings (significant pain in the neck, mid back, and lower back; worsening thoracic pain; pain across back, neck, bilateral knees and shoulders with paresthesias in the upper and lower extremities; pain of the mid and low back pain rated at a level of 6-8/10; increasing depression and anxiety), objective findings (significantly restricted range of motion of the neck, mid back and low back; palpable muscle spasms across the neck, thoracic, and lumbar regions with trigger points identified; positive Spurling's and cervical facet load bilaterally; decreased sensation in a C6 distribution bilaterally; tenderness over the occipital nerves bilaterally left greater than right; thoracic spine tenderness over the mid and upper thoracic spine with associated hypersensitivity and palpable muscle spasm; palpable muscle spasm across the lower back and over the facet joints; decreased sensation in a right L4 and L5 distribution; positive straight leg raise bilaterally; tenderness over bilateral sacroiliac joints), and current diagnoses (brachial neuritis or radiculitis; thoracic or lumbosacral neuritis or radiculitis; muscle spasm; cervical facet joint syndrome; lumbar facet joint syndrome; failed back syndrome of the cervical spine; failed back syndrome of the lumbar spine). Treatments to date have included medications, lumbar medial branch radiofrequency ablation, lumbar facet blocks (minimal duration of benefit), cervical facet blocks (80% improvement in neck pain), sacroiliac joint injections (little improvement in pain), epidural steroid injection, cervical spine fusion, lumbar spine fusion, trigger point injections, magnetic resonance imaging of the cervical spine (showed foraminal stenosis at the level below the fusion and multilevel cervical facet

arthropathy), and electromyogram/nerve conduction study testing (showed C8-T1 radiculopathy). The treating physician documented a plan of care that included bilateral L3-L4 medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4 Medial Branch Block: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint diagnostic blocks (injections) LOW BACK CHAPTER.

Decision rationale: As the California MTUS does not specifically discuss medial branch blocks in cases of low back pain, the ODG provides the preferred mechanism for assessing the evidence base for clinical necessity of the treatment modality. With respect to medial branch blocks, the ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure. A note dated 4/16/15 indicates that the treating provider was considering bilateral L3-L4 diagnostic blocks, based on both physical exam and prior history of response. In this case, the provided documents indicate that prior injections have provided substantial relief, and it is possible that further clinical benefit may occur in this case. Therefore, the request is considered medically appropriate at this time based on the provided records.