

Case Number:	CM15-0103720		
Date Assigned:	06/08/2015	Date of Injury:	11/18/2013
Decision Date:	11/25/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/29/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 66 year old female who sustained an industrial injury on 11-18-2013. Medical records indicated the worker was treated for multiple back issues. She is status post C5-6 fusion (05-2011), has pseudoarthrosis of hardware at her cervical fusion, a compression fracture at L1 with marrow edema present, lumbar disc herniations with neural foraminal narrowing, and lumbar facet arthropathy bilateral L2-3 and L3-4 with MRI evidence of facet arthropathy at these levels. In the provider notes of 03-04-2015, the injured worker complains of back and neck pain. She has less back pain since undergoing a kyphoplasty of L1 (10-23-2014), but feels more pain in other places including her neck. Her low back pain is described as a dull ache rated a 7 on a scale of 1-10. She also complains of numbness in the right lower extremity that occasionally travels to her foot. She is taking Flexeril 2-3 times a day as needed for pain as well as Tramadol 59 mg 1-2 times a day. The worker had a Transforaminal Epidural Steroid Injection (TFESI) L5-S1 and right S1 selective nerve root block (SNRB) on 12-04-2015 that gave her 25% relief. Other treatments include wearing a thoracolumbosacral brace for increased activities (without which she has increased back pain), and 12 sessions of chiropractic therapy (which helped somewhat). Her physical exam notes tenderness to palpation over the lateral facets at L2- L3 and L3- L4. Plain x-rays (02-28-2014) noted a lunecy around the surgical hardware in the cervical spine. CT Lumbar spine (09-24-2014) noted degenerative disc disease and facet arthropathy with grade 1 anterolisthesis at L3-4, retrolisthesis L4-5 and compression deformity of the L1 vertebral body with loss of vertebral height. Canal stenosis L2-3 mild to moderate, L2-4 severe and L4-5 moderate to severe canal stenosis was found. The treatment plan included refills of her medications (Tramadol and Flexeril), a neurology consult, a MRI of the thoracic spine with IV contrast, and a medial branch block bilaterally at L2-3 and L3-4. A request for authorization was submitted for: One (1) right L2-L3 and L3-L4 lumbar medial branch block. A utilization review decision 05-14-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right L2-L3 and L3-L4 lumbar medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back / Facet joint medial branch block (therapeutic injections).

Decision rationale: CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints (physical methods), page 300 states that "lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." The use of diagnostic facet blocks require that the clinical presentation to be consistent with facet-mediated pain. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case the exam note from 3/4/15 demonstrates right lower extremity radicular complaints. Therefore the determination is for non-certification. Per ODG Low Back / Facet joint medial branch block (therapeutic injections), medial branch blocks are "not recommended except as a diagnostic tool. Minimal evidence for treatment." As this procedure is not medically necessary per ODG guidelines, the recommendation is for non-certification.