

Case Number:	CM15-0109866		
Date Assigned:	06/16/2015	Date of Injury:	12/19/2010
Decision Date:	07/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/08/2015

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: Illinois, California, Texas
 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 62-year-old female who sustained an industrial injury on 12/19/10. Injury occurred when she was bit and kicked by a patient, which caused her to fall backwards and strike her head on a chair. She was diagnosed with a compression fracture at L1. Past medical history was positive for thyroid disease, heart disease with one heart attack, hypertension, and type II diabetes. The 7/2/12 lumbar spine MRI impression documented mild to moderate chronic wedging at L1, multilevel degenerative disc disease, borderline minimal canal stenosis at T12/L1 and L1, and multilevel neuroforaminal narrowing. There was mild facet arthropathy at L5/S1. The 5/13/15 treating physician report cited persistent grade 8/10 lower thoracic and lumbar pain, left greater than right. Pain was worse with sitting, standing, walking, and lying down. Pain caused her to limit her activities. She reported some relief with topical medications and TENS unit. Physical exam documented tenderness to palpation over the midline and paraspinal muscles at L4, L5, and S1 bilaterally. There was marked limitation in extension, lateral flexion, and rotation. Faber maneuver produced back pain on the right and was not performed on the left due to increased pain with minimal lateral rotation and abduction. There was exquisite tenderness to palpation from T10 to T12. The diagnosis was thoracic and lumbar spine pain with possible lumbar facet arthropathy. She had failed conservative treatment consisting of chiropractic, topical medications, and weight loss of 9 pounds. Pain was reported consistent with facet arthropathy. Authorization was requested for left lumbar medial branch block at L1, L2, L3, and L4 as an outpatient. The 5/27/15 utilization review non-certified the request for left lumbar medial branch block at L1, L2, L3, and L4 as an outpatient as guidelines do not support more than 2 facet joint levels and 3 levels were being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar Medical Branch Blocks at L1, L2, L3 and L4, as an outpatient (surgical):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Facet joint pain, signs & symptoms.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Facet joint diagnostic blocks (injections).

Decision rationale: The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Criteria for the use of diagnostic blocks for facet mediated pain include limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally, documented of failure of conservative treatment (including home diagnosis, PT and NSAIDs) prior the procedure for at least 4 to 6 weeks, and no more than 2 facet joint levels injected per session. Guideline criteria have not been met. This injured worker presents with persistent thoracolumbar pain, greater on the left. Signs and symptoms and clinical exam findings are consistent with facet mediated pain. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, this request exceeds guideline recommendations for no more than 2 facet levels per sessions. There is no compelling rationale to support an exception to guidelines. Therefore, this request is not medically necessary.