

Case Number:	CM15-0016272		
Date Assigned:	02/04/2015	Date of Injury:	06/04/2004
Decision Date:	04/21/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 71 year old female, who sustained an industrial injury on 6/4/2004. The mechanism of injury was not provided for review. The injured worker was diagnosed as having cervical disc displacement without myelopathy, brachial neuritis, thoracic or lumbosacral neuritis or radiculitis, sacrum disorder neck sprain and lumbar sprain and pelvic pain. Recent magnetic resonance imaging of the cervical spine showed stenosis and degenerative changes. Currently, the injured worker complains of low back pain, neck and arm pain. The treating physician is requesting bilateral medial branch nerve block at lumbar 3, 4, 5, epidural steroid injection to cervical 3-7 and lumbar support.

IMR ISSUES, DECISIONS AND RATIONALES

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

1st bilateral medial branch nerve block L3, L4, L5 under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar spine, Facet joint diagnostic blocks (injections).

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-Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for radiating neck and low back pain. MRI scans of the cervical and lumbar spine in November 2014, included findings of multilevel spondylosis with moderate to severe canal and foraminal narrowing at C3-4 and severe spinal canal and foraminal stenosis at L4-5 with facet arthropathy at multiple levels. When seen by the requesting provider, the claimant was having low back pain radiating into the legs with numbness and tingling and was having neck pain with numbness and tingling in the arms. No physical examination findings are documented in the records provided. Criteria for the use of diagnostic blocks for facet-mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has radicular symptoms. There are no documented physical examination findings that support the presence of facet-mediated pain. Therefore, the requested medial branch blocks are not medically necessary.

1st CESI C7-T1 with cath to C3-7 under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural steroid injection (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Criteria for the use of Epidural steroid injections, p46.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for radiating neck and low back pain. MRI scans of the cervical and lumbar spine in November 2014, included findings of multilevel spondylosis with moderate to severe canal and foraminal narrowing at C3-4 and severe spinal canal and foraminal stenosis at L4-5 with facet arthropathy at multiple levels. When seen by the requesting provider, the claimant was having low back pain radiating into the legs with numbness and tingling and was having neck pain with numbness and tingling in the arms. No physical examination findings are documented in the records provided. Criteria for the use of an epidural steroid injection include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings reported that would corroborate a diagnosis of radiculopathy. Therefore, the requested epidural steroid injection is not medically necessary.

Lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12: Low Back Disorders, p138- 139.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for radiating neck and low back pain. MRI scans of the cervical and lumbar spine in November 2014, included findings of multilevel spondylosis with moderate to severe canal and foraminal narrowing at C3-4 and severe spinal canal and foraminal stenosis at L4-5 with facet arthropathy at multiple levels. When seen by the requesting provider, the claimant was having low back pain radiating into the legs with numbness and tingling and was having neck pain with numbness and tingling in the arms. No physical examination findings are documented in the records provided. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was therefore not medically necessary.