

Case Number:	CM15-0144332		
Date Assigned:	08/05/2015	Date of Injury:	01/13/1997
Decision Date:	09/09/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/24/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old female who sustained an industrial injury on 01-13-97. Initial complaints and diagnoses are not available. Treatments to date include medications, a lumbar epidural steroid injection, and exercise program. Diagnostic studies are not addressed. Current complaints include pain in the neck and lower back. Current diagnoses include cervical facet syndrome, cervical and thoracic pain, and cervical disc disorder. In a progress note dated 06-01-15 the treating provider reports the plan of care as medications including Dilaudid, Nucynta, and Fentanyl patch, as well as exercises. The requested treatments include a transforaminal lumbar epidural steroid injection and cervical spine facet blocks medial branch blocks at C4-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine facet blocks/Medial branch block C4-C5, C5-C6, C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines Criteria for use of Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: The records indicate that the patient is 18 years post-injury and has chronic neck and back pain. The current request is for Cervical Spine Facet Blocks/Medial Branch blocks C4-5, C5-C6, C6-C7. According to the CA MTUS, facet blocks are limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. In this case, there is no objective evidence of facet arthropathy or pain generated from the facet joints. MRI of the cervical spine dated 5/13/10 documented evidence of moderate central stenosis at C5-C6 and mild central stenosis at C4-C5. Furthermore, there is no documentation in the available records indicating the prior set of medial branch blocks resulted in any significant functional improvement of the patient's condition. Also, the request is for three levels and this exceeds the CA MTUS guidelines which states that facet blocks are limited to no more than two levels bilaterally. As such, the request is inconsistent with guidelines and therefore is not medically necessary.

Transforaminal lumbar spine epidural injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 179-80, 300, Chronic Pain Treatment Guidelines Criteria for use of Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The records indicate that the patient is 18 years post-injury and has chronic neck and back pain. The current request is for Transforaminal Lumbar Spine epidural injection under fluoroscopy. The MTUS guidelines state: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks." In this case, the lumbar radiculopathy is not confirmed by MRI or electro diagnostic studies. The MRI dated 5/13/10 showed no evidence for recurrent central or foraminal stenosis at L5/S1. The most recent MRI reveals lumbar degenerative disease and facet arthropathy without evidence of nerve root impingement, which would indicate radiculopathy. As such, the request is inconsistent with MTUS guidelines and is not medically necessary.