MAXIMUS Federal Services

Case Number:	CM15-0184347		
Date Assigned:	09/25/2015	Date of Injury:	08/16/2011
Decision Date:	11/02/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/18/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on August 16, 2011. He reported neck pain, hip pain, shoulder pain, upper extremity pain, knee pain and back pain. The injured worker was diagnosed as having left lumbar radiculopathy, lumbar facet arthropathy, lumbar herniated nucleus pulposus, cervical facet arthropathy, cervical radiculitis, ulnar neuropathy, left hip degenerative joint disease, status post left shoulder surgery, right thumb surgery, right knee anterior cruciate ligament replacement (11-29-2013) and lumbar 5-sacreal 1 microdiscectomy and microdissection of the cauda equine and nerve roots (6-25-2015). Treatment to date has included diagnostic studies, multiple surgical interventions, transforaminal epidural steroid injection (TFESI) (3-18-2015), interlaminar epidural steroid injection (ILESI) (3-18-2015), physical therapy (35+ sessions starting in February 2014), medications and work restrictions. It was noted he last worker in 2012. Currently, the injured worker continues to report aching, stabbing, burning spasms in the neck, left shoulder pain with tingling and numbness down the left arm and burning, aching, cramping low back pain with pain and stabbing pins and needles in the buttocks, right knee and left ankle. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. Evaluation on March 12, 2015, revealed continued pain as noted. He rated his pain at 4-5 on a 1-10 scale with 10 being the worst. Evaluation on August 26, 2015, revealed continued pain as noted. He rated his neck pain at 6 and his back pain at 7 on a 1-10 scale with 10 being the worst. It was noted he was 2 months status post microlumbar discectomy (MLD). He noted improvement in his condition. He reported doing home exercises and walking 2 miles per day. He reported soreness in the hip after walking.

It was noted TFESI on 3-4-2015 provided 50% relief but was starting to wear off. ILESI on 3-18-2015 was noted to provide 20% for 2-3 days. It was noted left sacroiliac injection on 10-2-2014 provided 50% relief. It was noted he had not tried physical therapy or chiropractic care. Home exercises and medications were continued. The RFA included a request for Injection: Bilateral Cervical Medial Branch Block C3-C4 and was non-certified on the utilization review (UR) on September 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection: Bilateral Cervical Medial Branch Block C3-C4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical branch blocks.

Decision rationale: The ACOEM states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The ODG does not recommend MBB for more than one levels and also not for patients with radicular symptoms. The provided medical records and exam do indicate radicular pain. Therefore the request is not medically necessary.