

Case Number:	CM15-0196609		
Date Assigned:	10/12/2015	Date of Injury:	06/13/2012
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/06/2015

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

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 57 year old male, who sustained an industrial-work injury on 6-13-12. He reported initial complaints of back, neck, and knee pain. The injured worker was diagnosed as having lumbalgia, lumbar spondylosis, lumbar radiculopathy, sacroiliac joint dysfunction, knee pain, hip pain cervical spondylosis, and cervical radiculopathy. Treatment to date has included medication and medial branch blocks at L3-5 medial branch nerves. Currently, the injured worker complains of lumbar pain with temporary relief with the medial branch block for almost a week as well as knee and hip. There was gastric intolerance to Gabapentin with request to return to Norco. Per the primary physician's progress report (PR-2) on 5-11-15, exam noted positive facet loading in the back, Patrick's test was positive bilaterally, straight leg raise was negative, limited range of motion in all planes, and motor strength is 5- out of 5. Current plan of care includes repeat medial branch block x 1 and opioids. The Request for Authorization requested service to include Medial branch blocks under fluoroscopy left L3, L4, L5 one time. The Utilization Review on 9-17-15 denied the request for Medial branch blocks under fluoroscopy left L3, L4, L5 one time, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Elbow Complaints 2007.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch blocks under fluoroscopy left L3, L4, L5 one time: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back - Lumbar & Thoracic chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Review indicates the patient is s/p previous lumbar medial branch block on 5/18/15 with 80% pain relief lasting approximately 1 week with return of symptoms. Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit diffuse paraspinals tenderness symptoms without documented failed conservative trial. The patient has only noted minimal pain relief with unchanged medication profile post recent facet injections. It is unclear what response resulted from physical therapy or other conservative treatment modalities. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results showing mild degenerative changes. Previous medial branch blocks are noted to provide significant help; however, with only 1 week duration identified without increased ADLs, work status, decrease in medication dosages, or medical utilization demonstrated. Additionally, nerve injections/blocks are not recommended in patient who may exhibit radicular symptoms or performed over 2 joint levels concurrently (L3, L4, L5). Submitted reports have not demonstrated support outside guidelines criteria. The Medial branch blocks under fluoroscopy left L3, L4, L5 one time is not medically necessary and appropriate.