

Case Number:	CM15-0023038		
Date Assigned:	02/13/2015	Date of Injury:	01/20/2012
Decision Date:	04/06/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/06/2015

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, Washington

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 59-year-old female who reported an injury on 01/20/2012. The mechanism of injury involved a motor vehicle accident. The current diagnoses include cervical pain/cervicalgia, lumbago, pain in a joint of the shoulder, and encounter for long term use of medication. The injured worker presented on 12/17/2014 for a follow-up evaluation with complaints of neck and upper extremity pain. The injured worker was status post lumbar medial branch block on an unknown date with up to 80% improvement in symptoms. Upon examination, there was tenderness at the facet joints of the cervical spine, reduced range of motion of the cervical spine, tenderness over the midline and paraspinal areas, mildly diminished lumbar range of motion, and no evidence of motor weakness. The injured worker was utilizing citalopram 20 mg, Butrans 5 mcg, lidocaine 5% patch, bupropion 150 mg, and gabapentin 100 mg. Recommendations at that time included medial branch blocks in the cervical spine, and continuation of Butrans for ongoing pain. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Block, L3-S1, Bilateral 64493, 64494, 64495: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques, such as facet joint injections, are of questionable merit. The Official Disability Guidelines recommend facet joint blocks when there is evidence of facet mediated pain. No more than 2 facet joint levels are injected in 1 session. Therefore, the request for a medial branch block at L3-S1 would not be supported. Additionally, there was no evidence of facet mediated pain in the lumbar spine upon examination. There is also no mention of a recent attempt at any conservative management in the form of active rehabilitation. Given the above, the request is not medically appropriate.