

Case Number:	CM15-0222724		
Date Assigned:	11/18/2015	Date of Injury:	01/20/1995
Decision Date:	12/31/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/12/2015

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, Indiana, New
 York Certification(s)/Specialty: Internal Medicine

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 66-year-old male, who sustained an industrial injury on 1-20-95. The injured worker was being treated for anterior neck pain, arm neuralgia, arthritis of lumbar spine, degenerative disc disease of cervical spine, acute exacerbation of chronic low back pain, acute low back pain with disc symptoms and facet arthritis of cervical region. On 10-12-15, the injured worker complains of constant severe pain in low back and pain in neck that radiates to the left shoulder. The pain is improved with rest, heat, ice and procedures and injections. Work status is noted to be permanently disabled on disability. Physical exam performed on 10-12-15 revealed cervical spine range of motion limited by pain, tenderness to palpation of paraspinal musculature and crepitus with motion and lumbar spine paraspinal musculature tenderness to palpation and pain with facet loading and a stiff, antalgic gait. Treatment to date has included oral medications including Amlodipine 10mg, aripipazole 10mg, Buprenorphine 2mg, clonidine 0.1mg, Duloxetine 60mg and Ibuprofen 200mg; topical Lidoderm, chiropractic treatment, acupuncture and physical therapy. On 10-21-15 request for authorization was submitted for MBB L3-S1 right then left 2 separate procedures and MBB C3-6 right then left 2 separate procedures. On 10-28-15 request for MBB L3-S1 right then left 2 separate procedures and MBB C3-6 right then left 2 separate procedures was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block L3-S1: Right then left (2 separate procedures under fluoroscopy):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Medial branch blocks.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, medial branch block at L3-S1, right then left; two separate procedures under fluoroscopy are not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8-8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. Criteria for therapeutic intra-articular and median branch blocks include: no more than one therapeutic intra-articular block is recommended; this should be no evidence of radicular pain, spinal stenosis or previous fusion; if successful (initial pain relief 70%, plus pain relief of at least 50% for duration of at least six weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy; no more than two joint levels might be blocked at any one time; and there should be evidence of a formal plan or additional evidence-based activity and exercise in addition to the facet joint injection therapy. In this case, the injured worker's working diagnoses are anterior neck pain; arm neuralgia; lumbar spine arthritis DDD cervical; acute exacerbation of chronic low back pain; acute low back pain with this symptoms, less than six weeks; and facet arthritis cervical region. Date of injury is January 20, 1995. Request authorization is October 21, 2015. According to an October 12, 2015 progress note, subjective complaints include neck pain that radiates to the left shoulder and back pain that radiates to the bilateral lower extremities. Objectively, there were cervical paraspinal muscle tenderness with decreased range of motion. There is lumbar spine facet joint tenderness with facet loading and tenderness in the paraspinal muscles. Sensory examination is normal and motor examination is normal. The guidelines recommend no more than two joint levels be blocked at any one time. The documentation indicates the treating provider is blocking three levels ranging L3 through S1. The guidelines indicate there should be no evidence of radiculopathy. The documentation indicates the injured worker has radicular pain. There is low back pain that radiates to the bilateral lower extremities. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, medial branch block at L3-S1, right then left; two separate procedures under fluoroscopy are not medically necessary.

Medial Branch Block C3-C6: Right then left (2 separate procedures under fluoroscopy):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Medial branch blocks.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, medial branch block C3-C6, right then left; two separate procedures under fluoroscopy are not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8-8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. Criteria for therapeutic intra-articular and median branch blocks include: no more than one therapeutic intra-articular block is recommended; this should be no evidence of radicular pain, spinal stenosis or previous fusion; if successful (initial pain relief 70%, plus pain relief of at least 50% for duration of at least six weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy; no more than two joint levels might be blocked at any one time; and there should be evidence of a formal plan or additional evidence-based activity and exercise in addition to the facet joint injection therapy. In this case, the injured worker's working diagnoses are anterior neck pain; arm neuralgia; lumbar spine arthritis DDD cervical; acute exacerbation of chronic low back pain; acute low back pain with this symptoms, less than six weeks; and facet arthritis cervical region. Date of injury is January 20, 1995. Request authorization is October 21, 2015. According to an October 12, 2015 progress note, subjective complaints include neck pain that radiates to the left shoulder and back pain that radiates to the bilateral lower extremities. Objectively, there were cervical paraspinal muscle tenderness with decreased range of motion. There is lumbar spine facet joint tenderness with facet loading and tenderness in the paraspinal muscles. Sensory examination is normal and motor examination is normal. The guidelines recommend no more than two joint levels be blocked at any one time. The documentation indicates the treating provider is blocking three levels ranging C3 through C6. The guidelines indicate there should be no evidence of radiculopathy. The documentation indicates the injured worker has cervical radicular pain. There is no pain that radiates to the left shoulder. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, medial branch block C3-C6, right then left; two separate procedures under fluoroscopy are not medically necessary.