

Case Number:	CM15-0222913		
Date Assigned:	11/18/2015	Date of Injury:	07/25/2003
Decision Date:	12/31/2015	UR Denial Date:	11/03/2015
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: Florida

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 70 year old female who sustained an industrial injury on 7-25-2003. The medical records indicate the injured worker is being treated for chronic low back pain with radiation to the lower extremities, neck pain with radiation to the upper extremities, severe constipation with long term use of opioid therapy, C5-6 and C6-7 cord deformity with cord displacement, left shoulder sprain-strain with rotator cuff tear and mild impingement syndrome, lumbar radiculopathy, lumbar spine sprain-strain with evidence of severe degenerative disc disease at L4-5 with disc protrusion, and depression and anxiety secondary to chronic pain. Per the treating physician's notes dated 10-6-2015 and 10-19-15 the injured worker reports continued low back pain and lower extremity pain and neck pain, numbness in the upper extremities and the pain travels down her lower extremities. The injured worker reports her pain levels have increased without the Oxycodone, which she reports she discontinued as it continues to cause itching, difficulty with urination and dry mouth, but would like to make adjustments with her pain medications. The injured worker reports her pain at 4 out of 10 with medications and 9 out of 10 without medications and she notes a greater than 50 percent improvement in pain levels and up to 50 percent improvement in function with the use of her medications. Per the treating physician on 10-19-2015 physical exam the injured worker is in mild to moderate discomfort, her gait is slightly antalgic, and she has bilateral cervical paraspinous tenderness from C4 through T1 with muscle spasms. Also on physical exam, the injured worker has 3-5 muscle strength in her left biceps, triceps, and brachioradialis muscles and has 4 to 5 muscle strength in all major muscle groups on the right side. Also reported on physical exam the injured worker

has diffuse myofascial tenderness with pinpoint tenderness upon palpation over the right L4-L5 and L5-S1 paravertebral joint and slight tenderness over the right posterior superior iliac spine. The injured worker's lumbar spine range of motion is flexion at 40 degrees, extension at 10 degrees with pain, right lateral flexion at 10 degrees with pain, and left lateral flexion 20 degrees. The treating physician states the injured worker is quite symptomatic with axial low back pain and has trialed conservative treatments which have failed to improve systems and is requesting a right L4-L5 and L5-S1 medial branch nerve block under fluoroscopic guidance to see if the facets are a major pain generator and to see if she is a candidate for radiofrequency ablation. Treatment to date for the injured worker includes physical therapy, home exercise program, cervical and lumbar epidural injections which the injured worker reports was helpful, biofeedback, and medications including Celebrex, Darvocet, Skelaxin, Lunesta, Norco, Morphine Sulfate ER, Percocet, Meloxicam, and Oxycodone. A request for authorization was submitted on 10-27-2015 for Percocet 10/325mg quantity 120, Movantik 25mg quantity 30, right L4-L5 and L5-S1 medial branch blocks under fluoroscopy, and transportation to and from the surgery center. The UR decision dated 11-3-2015 non-certified the request for 1 right L4-L5 and L5-S1 medial branch nerve blocks under fluoroscopic guidance and unknown transportation to and from surgery center.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right L4-L5 And L5-S1 Medial Branch Nerve Blocks Under Fluoroscopic Guidance:

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 Online. Facet Joint Medial Branch Blocks.

Decision rationale: ODG guidelines only recommends facet joint medial branch blocks for diagnostic purposes. There is minimal evidence for treatment. Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. These blocks are only recommended if a patient has no evidence of radiculopathy. This patient has documentation of radicular findings, and therefore is not a candidate for this procedure per ODG guidelines. Likewise, this request is not medically necessary.

Unknown Transportation To And From Surgery Center: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 2600 (a), <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=lab&group=04001-05000&file=4600-4614.1>.

Decision rationale: The requested medial branch block procedure has been found not to be medically necessary. Likewise, transportation to the surgery center is not medically appropriate. Therefore, the request for unknown transportation to and from the surgery center is not medically necessary.