

Case Number:	CM15-0030671		
Date Assigned:	02/24/2015	Date of Injury:	07/23/2013
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/19/2015

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: Arizona, Texas

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 54-year-old male, who sustained an industrial injury on 07/23/2013. The diagnoses have included cervical spine pain related to C6-7 disc protrusion, failure of cervical spine fusion at the C6-7 level, and lumbar spine pain related to facet joint arthrosis. Noted treatments to date have included steroid injections, medial branch blocks, facet blocks, and medications. Diagnostics to date have included MRI of the lumbar spine on 08/22/2013, which showed L3-4 and L4-5 disc degeneration and milder lumbar spondylitic changes at the remaining disc levels as described above. In a progress note dated 01/30/2015, the injured worker presented with complaints of neck and low back pain. The treating physician reported spasm in the lower lumbar region with paraspinal tenderness. Utilization Review determination on 02/04/2015 non-certified the request for Medial Branch Block Bilateral L4 and Medial Branch Block Bilateral L5, S1 citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch blocks bilateral L4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM chapter on low back, 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. In this case, the patient has had facet blocks on 10/27/14 with pain relieved for a short period of time. The documentation does not support that the patient is in the transitional phase between acute and chronic pain. Medical necessity for the injections are not supported by the documentation.

Medical branch blocks bilateral L5, S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM chapter on low back, 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. In this case, the patient has had facet blocks on 10/27/14 with pain relieved for a short period of time. The documentation does not support that the patient is in the transitional phase between acute and chronic pain. Medical necessity for the injections are not supported by the documentation.