

Case Number:	CM15-0048248		
Date Assigned:	03/20/2015	Date of Injury:	01/15/2010
Decision Date:	04/24/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/13/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old who has filed a claim for chronic neck, shoulder pain, and low back pain reportedly associated with an industrial injury of June 15, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated February 20, 2015, the claims administrator failed to approve a request for lumbar and cervical facet injections. An RFA form received on February 12, 2015 was referenced in the determination. The applicant had a history of earlier multilevel fusion surgery, the claims administrator noted. The applicant's attorney subsequently appealed via an application dated March 13, 2015. In a progress note dated September 2, 2014, the applicant was described having ongoing complaints of low back pain status post earlier failed fusion surgery. The applicant was given trigger point injections in the clinic setting. Norco, Prilosec, tramadol, Flexeril, Wellbutrin, and Neurontin were endorsed. On March 9, 2015, the applicant reported persistent complaints of low back radiating to legs. The applicant was using Lyrica, Zofran, Flexeril, and Norco. It was stated that the applicant was taking six tablets of Norco daily. The applicant was also using medical marijuana, it was further noted. The applicant's radicular complaints were described as progressively worsening. A spinal cord stimulator trial was suggested, along with aquatic therapy. The applicant again received trigger point injections in the clinic setting. The applicant did report ongoing complaints of lower extremity paresthesias. The applicant's neck pain was not discussed at much length and was, quite clearly, an ancillary complaint.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL FACET MEDIAL BRANCH NERVE BLOCK INJECTION; LUMBAR FACET MEDIAL BRANCH NERVE BLOCK INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines STEROID INJECTIONS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: No, the request for cervical facet medial branch blocks was not medically necessary, medically appropriate, or indicated here. The cervical facet medial branch blocks at issue represent a form of diagnostic block, which, per the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, is deemed "not recommended." It is further noted in the attending provider documentation, including the most recent progress note of March 9, 2015, focused primarily on discussion of the applicant's low back issues. The neck, quite clearly, was an ancillary pain generator. Little-to-narrative rationale or narrative commentary accompanied the request for authorization. Therefore, the request was not medically necessary. The request for lumbar facet medial branch blocks was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does acknowledge that medial branch diagnostic blocks can be employed as a precursor to pursuit of facet neurotomy procedures, in this case, however, the applicant presentation was not, in fact, suggestive of facetogenic low back pain for which the facet medial branch blocks at issue could be considered. The applicant had undergone earlier lumbar laminectomy and fusion surgery presumably for an active lumbar radiculopathy process. The applicant was apparently considering a spinal cord stimulator (SCS) implantation; it was further noted, presumably for residual radicular pain complaints. The applicant was using Lyrica, again presumably for radicular low back pain. Facet medial branch blocks were not, thus, indicated in the lumbar radiculopathy context present here. Therefore, the request was not medically necessary.