MAXIMUS Federal Services

Case Number:	CM14-0129391		
Date Assigned:	08/18/2014	Date of Injury:	05/19/2009
Decision Date:	09/30/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61-year-old female who has submitted a claim for lumbar radiculopathy, cervical radiculopathy, lumbar facet arthropathy, lumbar sprain/strain, cervical facet arthropathy, nondominant side hemiplegia and neck sprain/strain associated with an industrial injury date of May 19, 2009. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain associated with numbness to the dorsum of her left foot and last two digits of the left arm. Pain was rated 8-10, described as sharp, stabbing, pressure, burning stinging and cramping. Patient also continued to experience weakness to both the left upper and lower extremities. Physical examination revealed bilateral paracervical tenderness, lower thoracic tenderness, decreased sensation (bilateral T9 and T10 level and left T11 level), bilateral paralumbar tenderness, positive straight leg raise test bilaterally, spasms on the cervical and bilateral lumbar area, decreased tendon reflexes in the UE and LE and decreased strength of the LLE and RLE. MRI of the lumbar spine dated 7/2/2014 revealed minimal progression of discogenic and facet degenerative changes at L4-5 and L5-S1; L3-4 right lateral protrusion resulting in minimal right foraminal narrowing. Treatment to date has included medications, activity modifications, and physical therapy. Patient also had undergone bilateral C5, C6 and C7 medial branch block with local anesthesia on July 3, 2014 with 70% improvement for 24 hours allowing increased ROM and sleep with less medication. However, patient already had pain again on a visit dated July 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar Medial Branch Block at L3, L4-L5, anesthesia/X-ray, fluoroscopic guidance at [redacted]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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 Low Back Chapter, Facet Joint Medial Branch Blocks (Therapeutic Injections), Facet Joint Diagnostic Blocks (Injections).

Decision rationale: CA MTUS does not specifically address medial branch blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include: (1) one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; (2) limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; (3) there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and (4) no more than 2 facet joint levels are injected in one session. In this case, the patient's low back pain is of radicular in nature as evidenced by dermatomal loss of sensation and muscle weakness. There were more than two levels that were affected. There was no documentation that an adequate conservative treatment lasting for at least 4-6 weeks had failed. Finally, more than 2 facet joint levels are to be injected as evidenced by the multiple requests in this case. All the criteria required by the procedure were not met. Therefore, the request for Right lumbar Medial Branch Block at L3, L4-L5, Anesthesia/X-Ray, Fluoroscopic Guidance at [redacted] is not medically necessary.

Thoracic Epidural Steroid Injection, anesthesia/X ray, fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. In this case, the patient had a diagnosis of thoracic radiculopathy. She had prior physical therapy; however, the outcome is unknown due to lack of documentation. Failure of conservative care cannot be established. Moreover, there is no MRI of thoracic spine available for review. The intended level for injection is likewise not specified. Therefore, the request for Thoracic Epidural Steroid Injection, Anesthesia/X Ray, Fluoroscopic Guidance is not medically necessary.

Bilateral Cervical Medial Branch Block RFA (radio frequency ablation) @ C5, C6, C7 x1, anesthesia, X ray, 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) Neck and Upper Back Chapter, Facet joint therapeutic steroid injections.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that medial branch blocks are generally considered as diagnostic blocks. While not recommended, criteria for use of medial branch blocks are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if the medial branch block is positive, the recommendation is subsequent neurotomy; there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, focal neurologic deficits suggestive of radiculopathy were noted such as decrease of muscle strength and hypoesthesia. Moreover, a medial branch block was performed on July 2014 which showed relief of pain but only for 24 hours. There was no evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. The guideline criteria were not met. Likewise, there was no objective evidence of failure and exhaustion of guideline-supported conservative treatments to relieve pain. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Bilateral Cervical Medial Branch Block RFA (Radio Frequency Ablation) @ C5, C6, C7 x1, Anesthesia, X Ray, Fluoroscopic Guidance is not medically necessary.