

Case Number:	CM14-0131545		
Date Assigned:	08/20/2014	Date of Injury:	09/24/2012
Decision Date:	09/24/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in California. 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 injured worker is a 50-year-old male who reported an injury on 08/12/2006 and 09/24/2012 due to sustaining a neck and back injury while performing his usual and customary duties at work. The injured worker had diagnoses of degenerative disc disease and facet arthropathy of the cervical spine, cervical radiculopathy, herniated nucleus pulposus of the cervical spine, degenerative disc disease of the thoracic spine, degenerative disc disease and facet neuropathy of the lumbar spine, herniated nucleus pulposus of the lumbar spine, and lumbar radiculopathy. The MRI of the cervical spine revealed degenerative disc disease and facet neuropathy of the C3-4 and C4-5 as well as moderate canal stenosis at the C4-5, C5-6, and C6-7. The MRI of the thoracic spine dated 10/02/2013 revealed degenerative disc disease with minimal chronic superior endplate compression at the T3 and T4 and a focal protrusion at the T8-9. The MRI of the lumbar spine dated 10/02/2013 revealed mild degenerative disc disease with facet neuropathy at the L4-5. The past treatments included chiropractic therapy, medication, and injections. The physical examination dated 01/08/2014 of the lumbar spine revealed flexion of 12/13/10 and extension of 3/5/3. The sensory examination revealed diminished pinprick with light touch to the C6 dermatomes and sensation was intact to light touch to the bilateral lower extremities. Motor strength was 4+/5 to the lower extremities. The medications included Norco and LidoPro cream. The injured worker rated his pain 8/10 to 9/10 using the VAS. The treatment plan included followup in 1 month, medial branch block bilaterally at L4-5 and L6-S1, and medications. The Request for Authorization dated 07/25/2014 was submitted with documentation. The rationale for the medial branch block was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block Bilateral L4-5 and L6-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Treatment Index 12th Edition (web), 2014, Low Back, Facet joint diagnostic blocks (injections).

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

Decision rationale: The request for Medial Branch Block bilaterally L4-L5 and L6-S1 not medically necessary. The ACOEM Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As ACOEM does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Per the clinical notes, the injured worker had not failed conservative care. He had not had physical therapy. He had had 4 weeks of chiropractic therapy. The injured worker is taking Norco and also a lido patch. The Guidelines indicate invasive techniques are of questionable merit. As such, the request is not medically necessary.