

Case Number:	CM14-0180582		
Date Assigned:	11/05/2014	Date of Injury:	09/21/2012
Decision Date:	12/17/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/30/2014

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 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 underlying date of injury in this case is 9/21/2012. The utilization review under review is dated 10/17/2014. The treating diagnoses include lumbar intravertebral disc displacement. Lumbar intravertebral disc degeneration, and cervical brachial syndrome. On 11/8/2014, the patient's treating pain physician saw the patient in initial consultation with a complaint of low back pain with muscle spasm, numbness, and tingling, worse with activities and relieved with cold, heat, lying supine, or medications. The patient had failed heat, physical therapy, TENS, and chiropractic. An MRI of 11/30/2012 was noted of the cervical spine which showed no central canal narrowing or neural foraminal narrowing. On examination the patient had cervical facet tenderness at C5, C6, and C7. Thoracic range of motion was restricted with lateral rotation to the left 10 degrees due to pain. The patient had spinous process tenderness at T11. The patient had bilateral lumbar facet loading. The treating physician opined that the patient had symptoms of facet arthropathy with a diagnosis of cervical pain, lumbar radiculopathy, and spinal degenerative joint disease. The requested treatment plans included an MRI of the thoracic spine and possible facet syndrome, and a three level lumbar medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: ACOEM Guidelines, Chapter 8, Neck and upper back, page 182 recommends MRI imaging of the thoracic spine to validate diagnosis of nerve root compromise. The medical records do not document thoracic nerve root compromise. Moreover, the differential diagnosis does not include nerve root compromise in the thoracic spine. The treatment guidelines do not support an indication for MRI imaging to diagnose facet arthropathy in the thoracic spine. This request is not medically necessary.

Medial branch block at L3-L4, L4-L5 and L5-S1 both side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Medial Branch Blocks

Decision rationale: ACOEM Guidelines, Chapter 12, Low Back, page 300 states that invasive techniques including facet joint injections are of questionable merit. Thus, this guideline does not support an indication for invasive treatment of lumbar facet disease. Official Disability Guidelines, low back does discuss medial branch blocks in some situations; however, this guideline recommends medial branch blocks at no more than 2 levels and not for radicular symptoms. This request is at 3 levels, which exceeds the guidelines, and the records do discuss radicular symptoms. For these multiple reasons, the medial branch block is not supported by the treatment guidelines. This request is not medically necessary.