

Case Number:	CM14-0180831		
Date Assigned:	11/05/2014	Date of Injury:	10/24/2001
Decision Date:	12/16/2014	UR Denial Date:	10/14/2014
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 Orthopedic Surgeon, has a subspecialty in Spine Surgeon and is licensed to practice in New Jersey. 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 63 years old female who reported an injury on 10/24/2001 due to an unknown mechanism. Diagnosis was back pain, radiculitis, lumbar degenerative disc disease, and cervicalgia. Physical examination dated 10/29/2014 revealed that the injured worker presented with back pain. The location was across the lumbar spine. Symptoms were described as aching and burning. The pain was reported to be a 6/10. It was also noted that the pain radiated into both lower extremities. The injured worker discussed the pain in her low back, which caused numbness and tingling in bilateral feet. It was reported that the injured worker was approved for a 4 day detox program. Medications were reported as Kadian, Percocet, Cymbalta, Neurontin, Ambien, and chlorzoxazone. MRI dated 12/06/2013 revealed a 4 mm and a 3 mm in depth broad based posterior disc bulge at the L1-2 and L5-S1, respectively. At the L1-2, when combined with facet arthropathy, results in central spinal stenosis. There was a grade 1 anterolisthesis defect of the L5 relative to S1, which is likely secondary to facet arthropathy. Degenerative disc disease was present at the L1-2 and L5-S1. The injured worker was status post dorsal fusion from L2-5 with incorporation of the fused disc spaces appearing complete. Physical examination on 10/29/2014 did not report any type of physical examination on the lumbar spine. Rationale was not provided. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block, Bilateral T12/L1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Facet Blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet Joint Diagnostic Block

Decision rationale: The request for medial branch block, bilateral T12/L1 is not medically necessary. The California Medical Treatment Utilization Schedule/ACOEM Guidelines state diagnostic and/or therapeutic injections may have benefit in injured workers presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines further state that criteria for use of diagnostic blocks is limited to injured workers with injured workers with pain that is nonradicular, no more than 2 joint levels are injected in 1 session, and failure of conservative treatment to include home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The provider did not document an examination of the lumbar spine for the injured worker on 10/29/2014. There complaints from the injured worker of numbness and tingling in bilateral feet. There was no neurological examination for strength, sensation, or reflexes for the injured worker to rule out radiculopathy. The guidelines do not recommend medial branch blocks when there is a diagnosis of radiculopathy. There was no current examination to exclude radiculopathy. The provider's request for medial branch block, bilateral T12/L1 exceeds the recommendations of the guidelines, which state no more than 2 facets joint levels should be injected in 1 session. Given the above, this request is not medically necessary.

Medial Branch Block, Bilateral L1/2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Facet Blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The request for medial branch block, bilateral L1/2 is not medically necessary. The California Medical Treatment Utilization Schedule/ACOEM Guidelines state diagnostic and/or therapeutic injections may have benefit in injured workers presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines further state that criteria for use of diagnostic blocks is limited to injured workers with injured workers with pain that is nonradicular, no more than 2 joint levels are injected in 1 session, and failure of conservative treatment to include home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The provider did not document an examination of the lumbar spine for the injured worker on 10/29/2014. There were complaints of numbness and tingling in bilateral feet from the injured worker. There was no neurological examination for strength, sensation, or reflexes for the injured worker to rule out radiculopathy. The guidelines do not recommend medial branch blocks when there is a diagnosis of radiculopathy. There was no current examination to exclude radiculopathy. The provider's request for medial branch block, bilateral L1/2 exceeds the recommendations of the guidelines, which state no more than 2 facet

joint levels should be injected in 1 session. Furthermore, it was indicated that the injured worker had a previous L2-L5 fusion and the guidelines do not support medial branch blocks at previously fused levels. Given the above, this request is not medically necessary.

Medial Branch Block 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 Facet Blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The request for medial branch block, bilateral L5/S1 is not medically necessary. The California Medical Treatment Utilization Schedule/ACOEM Guidelines state diagnostic and/or therapeutic injections may have benefit in injured workers presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines further state that criteria for use of diagnostic blocks is limited to injured workers with injured workers with pain that is nonradicular, no more than 2 joint levels are injected in 1 session, and failure of conservative treatment to include home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The provider did not document an examination of the lumbar spine for the injured worker on 10/29/2014. There were complaints of numbness and tingling in bilateral feet from the injured worker. There was no neurological examination for strength, sensation, or reflexes for the injured worker to rule out radiculopathy. The guidelines do not recommend medial branch blocks when there is a diagnosis of radiculopathy. There was no current examination to exclude radiculopathy. Furthermore, it was indicated that the injured worker had a previous L2-L5 fusion and the guidelines do not support medial branch blocks at previously fused levels. Given the above, this request is not medically necessary.