

Case Number:	CM14-0095616		
Date Assigned:	07/28/2014	Date of Injury:	09/24/2012
Decision Date:	09/25/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/23/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine 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 patient is a 49-year-old man who sustained a work related injury on September 24, 2012. Subsequently, he developed chronic neck and lower back pain that has been previously treated with medication, acupuncture, chiropractic care, and epidural steroid injection. According to a medical evaluation report dated April 16, 2014, the patient reports the ESI of his lumbar spine dated March 14, 2014 failed to improve the patient. He did not respond to 18 sessions of chiropractic therapy and 3 visits of acupuncture. The patient rates his neck and back pain at 9/10. He reported upper and lower extremity numbness, tingling, and burning sensation. He continued to have severe limitations with movement with his right upper extremity. Examination of the cervical spine reveals limited range of motion in all planes. Sensation examination was normal. Motor strength is 4+/5 left deltoid, biceps, internal rotation, external rotation, 3/5 right deltoid, biceps, internal rotation, external rotation, wrist extension, wrist flexion, triceps, interossei, finger flexion, finger extension. Strength of the upper extremities is limited by pain. In the lower extremities, motor strength is 4+/5 bilateral psoas, quadriceps, hamstrings; 4/5 bilateral TA, EHL, inversion, plantar flexion, eversion. MRI of the cervical spine dated October 2, 2013 showed degenerative disc disease and facet arthropathy with retrolisthesis. MRI of the thoracic spine dated October 2, 2013 showed degenerative disc disease with minimal chronic superior endplate compression, T3-4 vertebral bodies and with T8-9 focal protrusion. MRI of the lumbar spine dated October 2, 2013 showed mild degenerative disc disease and facet arthropathy with L4-5 mild to moderate left and L5-S1. The patient was diagnosed with DDD and facet arthropathy of the cervical spine, cervical radiculopathy, HNP of the cervical spine, DDD of the thoracic spine, DDD and facet arthropathy of the lumbar spine, HNP of the lumbar spine, and lumbar radiculopathy. The provider requested authorization for Medial branch block bilateral L4-5 and L5-S1.

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 L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-T Low Back chapter; facet joint medial branch blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Facet joint intra-articular injections.

Decision rationale: According MTUS Guidelines, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. The ODG Guidelines did not support medial branch blocks in this clinical context. There is no clear evidence or documentation that lumbar and sacral facets are the main pain generator for this patient. Therefore, the request is not medically necessary.