

Case Number:	CM15-0116721		
Date Assigned:	06/24/2015	Date of Injury:	04/12/2014
Decision Date:	07/23/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male, who sustained an industrial injury on 4/12/14. He reported pain in the right shoulder, low back, and right lower extremity. The injured worker was diagnosed as having right shoulder acromioclavicular degenerative joint disease and rotator cuff tear, possible right carpal tunnel syndrome, right sacroiliac joint dysfunction versus facet arthropathy at L4-5 and L5-S1, and status post right shoulder arthroscopy with acromioplasty, distal clavicle resection and rotator cuff repair. Treatment to date has included massage therapy, right shoulder arthroscopy with rotator cuff repair on 2/25/15, 22 sessions of physical therapy, and medication including Ibuprofen and Tramadol HCL. Pain on 6/3/15 was noted to be 7/10 at rest. Currently, the injured worker complains of right shoulder pain and low back pain. Pain and numbness radiating to the right side of the neck and down the right arm into the hand were also noted. The treating physician requested authorization for medial branch blocks with intra-operative fluoroscopy at right L3, L4, and L5. A progress report dated May 20, 2015 indicates that the patient's MRI shows no neuroforaminal stenosis, and the patient's motor and sensory lower extremity examination is normal. Straight leg raise is negative. The patient also states that 70% of his symptoms are from the low back and 30% from the leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch blocks with intra-operative fluoroscopy L3, L4 & L5-right: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter, 13th Edition (web), 2015. Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, it appears the patient's pain is primarily axial in nature. Additionally, the patient has normal lower extremity examination findings with no neuroforaminal stenosis identified by MRI. The patient also has tenderness to palpation over the requested facets with positive facet loading. Furthermore, the MRI shows facet arthropathy at the proposed levels, and the patient has failed reasonable conservative treatment. As such, the currently requested lumbar medial branch blocks are medically necessary.