

Case Number:	CM15-0123323		
Date Assigned:	07/07/2015	Date of Injury:	09/21/1999
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/26/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 (IW) is a 56 year old female who sustained an industrial injury on 09/21/1999. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having degenerative lumbar/ lumbosacral intervertebral disc; lumbago, displacement lumbar disc without myelopathy; cervicalgia; lumbosacral spondylosis without myelopathy; unspecified myalgia and myositis; cervicocranial syndrome; thoracic/lumbosacral Neuritis/radiculitis unspecified, and sacroiliitis not elsewhere classified. Treatment to date has included medications and home exercise. Diagnostics include : MRI of right shoulder (04/09/2015); MRI of the lumbar spine of 03/11/2014; MRI of the cervical spine 03/22/2013, of the C-spine on 03/25/2013 and MRI lumbar spine on 02/05/2012 and 03/10/2010. Currently, the injured worker complains of chronic low back pain and right leg pain, history of bilateral shoulder pain, neck pain radiating to shoulders and hand, and chronic knee pain. Average pain since last visit is 8/10. Medications include Cymbalta, Lunesta, Morphine tablets, Percocet, and Vimovo. The treatment plan is for medications, continued home exercise, medication monitoring, follow up with specialists and request authorization for a right medial branch block. A request for authorization is made for a Right Medial Branch Block at L3, L4, and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Medial Branch Block at L3, L4, L5: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medial branch blocks.

Decision rationale: The ACOEM states: 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. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. Criteria for use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70% 2. Limited to non-radicular cervical pain and no more than 2 levels bilaterally. 3. Documentation of failure of conservative therapy 4. No more than 2 joint levels are injected in 1 session 5. Diagnostic facet blocks should be performed in patients whom a surgical procedure is anticipated The requested service is not recommended per the ACOEM or the Official Disability Guidelines. Criteria cited above have not been met in the clinical documentation as the patient has radicular pain and therefore the request is not medically necessary.