

Case Number:	CM15-0133768		
Date Assigned:	07/22/2015	Date of Injury:	07/27/2005
Decision Date:	08/26/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/10/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old female, who sustained an industrial injury on 7/27/2005. The injured worker was diagnosed as having moderate to advanced spondylosis at C5-6 and C6-7, right shoulder impingement syndrome, status post left shoulder arthroscopic decompression with lateral claviculectomy, status post left elbow lateral epicondylar release, intractable pain, facet arthropathy at L2-3 and L3-4, spondylolisthesis at L2-3 and L3-4, and status post anterior lumbar interbody fusion L4-5 and L5-S1, with posterior spinous process fixation. Treatment to date has included lumbar spinal surgery, left S1 transforaminal epidural steroid injection x2 in 2009, left sacroiliac joint injection in 2010, radiofrequency ablation at bilateral L3-4 facet joints in 2012, physical therapy, acupuncture, left shoulder surgery in 2011, lumbar spinal surgery in 2009, and medications. Currently, the injured worker complains of constant low back pain with radiation to both lower extremities. She described a tingling sensation in her legs, which she likened to goose bumps, but stated that only certain parts of her legs were painful. Her work status was permanent and stationary and she was retired. Her pain was prolonged sitting or standing and worsened when she straightened up from a bent forward position. She had sleep difficulties and her function was limited due to pain. Her pain was rated 7/10 with medication and 10+/10 without. She reported being in bed for the past week due to increased pain. She had a history of depression and currently wore a Thrive patch to counteract some effects of antidepressants. The treatment plan included bilateral L2, L3, and L4 medial branch blocks, noting prolonged benefit from prior radiofrequency ablation procedures at these levels in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2, L3, and L4 medial branch blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Pain Procedure Summary Online Version last updated 06/15/2015.

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) Low Back-Lumbar & Thoracic (Acute & Chronic) Facet joint diagnostic blocks, injections.

Decision rationale: The injured worker sustained a work related injury on 7/27/2005. The medical records provided indicate the diagnosis of moderate to advanced spondylosis at C5-6 and C6-7, right shoulder impingement syndrome, status post left shoulder arthroscopic decompression with lateral claviculectomy, status post left elbow lateral epicondylar release, intractable pain, facet arthropathy at L2-3 and L3-4, spondylolisthesis at L2-3 and L3-4, and status post anterior lumbar interbody fusion L4-5 and L5-S1, with posterior spinous process fixation. Treatment to date has included lumbar spinal surgery, left S1 transforaminal epidural steroid injection x2 in 2009, left sacroiliac joint injection in 2010, radiofrequency ablation at bilateral L3-4 facet joints in 2012, physical therapy, acupuncture, left shoulder surgery in 2011, lumbar spinal surgery in 2009, and medications. The medical records provided for review do not indicate a medical necessity for Bilateral L2, L3, and L4 medial branch blocks. The MTUS recommends against facet joint injections. The Official Disability Guidelines does not recommend medial branch block except for diagnostic purposes. However, this guidelines states that medial branch diagnostic blocks are done prior to facet neurotomy. Therefore since the injured worker is reported to have had significant benefit in a following a previous radiofrequency ablation (Neurotomy), a diagnostic block is not medically necessary. The Official Disability Guidelines states that the same nerves are tested with the MBB as are treated with the neurotomy.