

Case Number:	CM15-0174612		
Date Assigned:	09/16/2015	Date of Injury:	06/09/2009
Decision Date:	10/21/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 male who sustained an industrial injury on 06-09-2009. Diagnoses include thoracic and lumbar spondylosis, post laminectomy-lumbar, status post right knee revision in April of 2015, lumbar or thoracic radiculopathy, and urinary and bowel incontinence. Comorbid diagnoses include a heart attack, hypertension, depression and cancer. A physician progress note dated 08-13-2015 documents the injured worker has constant mid back pain that is described as sharp, burning and is exacerbated with activity. He also has urinary incontinence, bowel incontinence, impotence and right foot drop. His right knee pain is constant and provoked by standing and walking as well as prolonged standing and prolonged walking, and it is improved with Voltaren gel. He is status post right knee revision in April of 2015. Last urine drug screen was done on 01-05-2015 and was appropriate for opiates. He has limited thoracic range of motion and right sided axial pain with facet loading on palpation. He ambulates with an abnormal gait and uses a straight cane. It was documented "He has failed conservative care included physical therapy and medications", and a right T9-10, T10-T11 medial branch block is recommended. Treatment to date has included diagnostic studies, medications, insertion of a spinal cord stimulator with revision, status post spinal surgery with neurological complications, physical therapy, chiropractic sessions, acupuncture, use of a Transcutaneous Electrical Nerve Stimulation unit, psychotherapy, epidural injections, that he stated were not beneficial, and trigger point injections. Current medications include Lipitor, Lopressor, Isosorbide Mono ER, Effient, Nitrostat, Flomax, Celebrex, Omeprazole, Lyrica and

Percocet 10-325mg. Failed medications include Opana ER, Oxymorphone, Gabapentin, and Morphine. RFA dated 08-17-2014 was for right T9-10, T10-T11 medial branch block. The treatment plan includes refilling Celebrex, Omeprazole, Lyrica, and Percocet. Oxymorphone ER was discontinued, and he will refill Voltaren Gel. On 08-24-2015 the Utilization Review non-certified the requested treatment Injections right T9-10, T10-T11 medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injections right T9-10, T10-T11 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet Joint Injections, Thoracic.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks) and Other Medical Treatment Guidelines Up to Date, Subacute and chronic low back pain: Nonsurgical interventional treatment.

Decision rationale: MTUS is silent regarding medial branch diagnostic blocks. ODG recommends Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. ODG continues by stating "Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level" or whom a surgical procedure is anticipated". ACOEM does not recommend Diagnostic Blocks. Similarly, Up to Date states Facet joint injection and medial branch block Glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. A 2009 American Pain Society guideline recommends against their use. Guidelines recommend against the use of medial branch blocks when radicular pain is present. This patient is diagnosed with radiculopathy. As such, the request for Injections right T9-10, T10-T11 medial branch block is not medically necessary.