

Case Number:	CM15-0174636		
Date Assigned:	09/16/2015	Date of Injury:	03/19/2014
Decision Date:	10/27/2015	UR Denial Date:	08/07/2015
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: Texas, California
 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 is a 38 year old male, who sustained an industrial injury on 3-19-14. The injured worker was diagnosed as having lumbar herniated nucleus pulposus, lumbar facet arthropathy and mechanical low back pain. The physical exam (12-9-14 through 3-3-15) revealed tenderness to palpation over the right L4-L5 and L5-S1 facet region and decreased lumbar flexion (30 degrees) and extension (10 degrees). Treatment to date has included a right L4-L5 and L5-S1 facet injection on 2-18-15 and 6-29-15, with 40% decreased in pain, acupuncture x 8 sessions, Ketoprofen, Gabapentin and LidoPro cream. As of the PR2 dated 5-28-15, the injured worker reports ongoing low back pain. He continues to work full time with modified duty. He rates his pain 1 out of 10, but increases to 6-7 out of 10 after being on his feet all day. Objective findings include lumbar flexion 50 degrees, extension 15 degrees and lateral bending 10 degrees bilaterally. The sensory and motor evaluations were normal in the bilateral lower extremities. The patient sustained the injury when he was pulling an engine. Per the note dated 7/16/15, the patient had complaints of low back pain. Physical examination of the low back revealed positive SLR, decreased reflexes, decreased. Sensation in lower extremity, 5/5 strength and positive facet loading test. The patient had received physical therapy x 18 sessions for this injury. The medication list include Naproxen, Senna, Gabapentin, and Ultracet. The patient has had MRI of the lumbar spine on 5/9/14 that revealed disc protrusions, and facet arthrosis.

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 L4-L5. L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back 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 (updated 09/22/15) Facet joint medial branch blocks (therapeutic injections) Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: Right medial branch block at L4-L5. L5-S1 ACOEM/MTUS guideline does not specifically address this issue. Hence ODG used. Per the cited guidelines, medial branch blocks are "Not recommended except as a diagnostic tool. Minimal evidence for treatment. See also Facet joint intra-articular injections (therapeutic blocks)." Per the ODG low back guidelines facet joint injections are "Under study." 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." The records provided did not have evidence of a formal plan of rehabilitation in addition to facet joint therapy. Physical examination of the low back revealed positive SLR, decreased reflexes, decreased sensation in lower extremity, and positive facet loading test. As per the cited guideline there should be no evidence of radicular pain and there is a possibility of radiculopathy. Response to prior rehabilitation therapy including PT and pharmacotherapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Patient had received a right L4-L5 and L5-S1 facet injection on 2-18-15 and 6-29-15, with 40% decreased in pain, Evidence of initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks was not specified in the records specified. The medical necessity of the request for Right medial branch block at L4-L5. L5-S1 is not fully established in this patient.

Right rhizotomy at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) Facet joint chemical rhizotomy Facet joint radiofrequency neurotomy Facet joint diagnostic blocks (injections) Facet joint medial branch blocks (therapeutic injections) Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: Right rhizotomy at L4-L5 and L5-S1. CA MTUS and ACOEM Guidelines do not address this request. Therefore ODG used. As per cited guideline for facet joint chemical rhizotomy "Not recommended. No studies. Considered experimental." As per cited guideline for facet joint radiofrequency neurotomy "Under study." Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). 2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The patient had received a right L4-L5 and L5-S1 facet injection on 2-18-15 and 6-29-15, with 40% decreased in pain. There was no evidence of initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks with the previous facet joint intraarticular/medial branch block. Physical examination of the low back revealed positive SLR, decreased reflexes, decreased sensation in lower extremity, and positive facet loading test. As per the cited guideline, there should be no evidence of radicular pain and there is a possibility of radiculopathy. As per cited guideline there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy which was not specified in the records provided. Patient has received an unspecified number of the PT visits conservative treatment and chiropractic manipulation for this injury till date. Detailed response of the PT visits was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Previous conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Right rhizotomy at L4-L5 and L5-S1 is not fully established for this patient.

Follow-up in 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The medical necessity of Right rhizotomy at L4-L5 and L5-S1 and Right medial branch block at L4-L5, L5-S1 is not fully established. Therefore the medical necessity of follow up visits following the above procedures is not fully established. A detailed rationale for the follow up visit is not specified in the records provided. The medical necessity of the request for Follow-up in 4 weeks is not fully established for this patient.