

Case Number:	CM15-0174679		
Date Assigned:	09/16/2015	Date of Injury:	11/02/2005
Decision Date:	10/22/2015	UR Denial Date:	08/05/2015
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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 58 year old female, who sustained an industrial-work injury on 11-2-05. She reported initial complaints of neck and back pain. The injured worker was diagnosed as having lumbar facet syndrome, chronic myofascial pain, lumbar disc syndrome, lumbar radiculopathy, cervical chronic sprain, cervical myofascitis, bilateral lateral epicondylitis, left trochanteric bursitis, bilateral carpal tunnel syndrome, and bilateral ulnar or cubital tunnel syndrome. Treatment to date has included medication, ESI (epidural steroid injection), and diagnostics. MRI results were reported on 8-21-09 that demonstrated L4-5 disc space shows 3 mm central disc protrusion, moderate hypertrophic facet changes, lateral recess stenosis bilaterally, L5-S1 disc height shows 2 mm posterior disc protrusion, mild hypertrophic changes are present, neuro foramina appear patent, and no evidence of spinal stenosis. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 7-4-15 that demonstrated severe left carpal tunnel syndrome and right moderate carpal tunnel syndrome. There is bilateral moderate to severe ulnar neuropathy at the elbow right greater than left. Currently, the injured worker complains of increased neck pain that extends down to the upper extremities. The hands cramp causing claw type fingers. There is shoulder pain with some numbness. There is also low back pain extending into the right and left lower extremity increases with standing. Per the primary physician's progress report (PR-2) on 7-23-15, low back pain continued with no radicular pattern. Cervical exam noted palpable trigger points bilaterally, jump response, referred pain but does not cause radicular pattern, Tinel's is positive as to the wrist left greater than right for neuropathic pain. The low back has taught muscle bands and palpable tenderness, muscle spasms, range of motion of 30 degrees forward flexion and extension 10 degrees, positive straight leg raise along L4-5 dermatomal pattern. The Request for Authorization date was 7-29-

15 and requested service included Lumbar facet block bilateral L4-L5 and L5-S1. The Utilization Review on 8-5-15 denied the request due to lack of recommendation for more than one therapeutic intra-articular block (had one prior) in addition to not having a detailed low back exam to rule out radicular pain, per ODG (Official Disability Guidelines) Low Back Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet block bilateral 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 Low back chapter, Facet joint intra-articular injections (therapeutic blocks).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Initial Care, Physical Methods, Special Studies, Surgical Considerations. 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 facet block bilateral L4-L5 and L5-S1, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intra-articular facet joint injections as, although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. Guidelines also state that facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool and only one set of diagnostic medial branch blocks is required. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of facet arthropathy. Additionally, it appears the patient has active symptoms of radiculopathy. Guidelines do not support the use of facet injections in patients with active radiculopathy. Furthermore, the patient already had one set of lumbar facet blocks with steroids. In light of the above issues, the currently requested Lumbar facet block bilateral L4-L5 and L5-S1 are not medically necessary.