

Case Number:	CM15-0093016		
Date Assigned:	05/19/2015	Date of Injury:	08/31/1995
Decision Date:	06/22/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/14/2015

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 61-year-old female, who sustained an industrial injury on 08/31/1995. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having reflex sympathetic dystrophy, unspecified thoracic/lumbar, and lumbosacral spine spondylosis. Treatment and diagnostic studies to date have included medication regimen, use of an intrathecal medication pump, lumbar epidural sympathetic block, and magnetic resonance imaging lumbar spine. Magnetic resonance imaging report from 02/04/2015 was remarkable for multi-level degenerative changes to the lumbar spine at lumbar four to five and lumbar five to sacral one with moderate levoscoliosis, lumbar four to five anterolisthesis and disc bulging with moderate facet arthropathy, and lumbar five to sacral one disc protrusion with mild facet arthropathy. In a progress note dated 04/03/2015 the treating physician reports complaints of constant, dull, achy, throbbing, burning pain to the low back and left leg. The pain is rated a 5 to 8 on a scale 1 to 10. The patient has had right lumbar radicular pain. Examination reveals tenderness to palpation to the lumbar paraspinal muscles, decreased range of motion, right tenderness to palpation of the lumbar facet joints at lumbar four to five, and pain with facet loading maneuvers and right lumbar radicular signs. The treating physician requested a right medial branch block at lumbar four to five under fluoroscopic guidance due to spondylosis. The medication list include Norco, Cymbalta, Celebrex, Amitiza and Opana. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 medial branch nerve block with fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 05/15/15) Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: ACOEM/MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG low back guidelines medial branch blocks 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. Magnetic resonance imaging report from 02/04/2015 was remarkable for multi-level degenerative changes to the lumbar spine at lumbar four to five and lumbar five to sacral one with moderate levoscoliosis, lumbar four to five anterolisthesis and disc bulging with moderate facet arthropathy, and lumbar five to sacral one disc protrusion with mild facet arthropathy. The patient has had right lumbar radicular pain. Examination reveals tenderness to palpation to the lumbar paraspinal muscles, decreased range of motion, right tenderness to palpation of the lumbar facet joints at lumbar four to five, and pain with facet loading maneuvers and right lumbar radicular signs. As per the cited guidelines for the requested procedure, there should be no evidence of radicular pain, spinal stenosis, or previous fusion. 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. 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 L4-L5 medial branch nerve block with fluoroscopic guidance is not fully established in this patient. The request is not medically necessary.