

Case Number:	CM15-0098522		
Date Assigned:	05/29/2015	Date of Injury:	02/15/2014
Decision Date:	06/30/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/21/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 25 year old male, who sustained an industrial injury on 2/15/2014. He reported injury from a fall from a 10 foot ladder. The injured worker was diagnosed as having shoulder, cervical and lumbar arthropathy, lumbar radiculopathy, degenerative disc disease and left knee internal derangement. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care, physical therapy, epidural steroid injection and medication management. In a progress note dated 2/24/2015, the injured worker complains of low back pain. The treating physician is requesting lumbar facet medial branch block at lumbar 3-5 and cervical facet medial branch block at cervical 4-7. A progress report dated February 24, 2015 recommends an epidural steroid injection and continued acupuncture and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet/ MBB L3-5; RFA if diagnostic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. 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 medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, it appears that the patient has not yet failed conservative treatment (as physical therapy and acupuncture are recommended). Additionally, it appears the patient has ongoing complaints of radiculopathy (as an epidural injection is requested). Additionally, proceeding to radiofrequency ablation would require documentation of improvement from the requested medial branch blocks, and there is no provision to modify the current request. As such, the currently requested lumbar medial branch blocks are not medically necessary.

Cervical facet/ MBB C4-7; RFA if diagnostic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for cervical medial branch block, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, it appears that the patient has not yet failed conservative treatment (as physical therapy and acupuncture are recommended). Additionally, it appears the patient has ongoing complaints of radiculopathy (as an epidural injection is requested). Additionally, proceeding to radiofrequency ablation would require documentation of improvement from the requested medial branch blocks, and there is no provision to modify the current request. As such the currently requested cervical medial branch block is not medically necessary.