

Case Number:	CM14-0159825		
Date Assigned:	10/03/2014	Date of Injury:	01/08/2013
Decision Date:	11/06/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/29/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 30-year-old female who reported an injury on 01/08/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of chronic low back pain, spondylosis and anterior subluxation, possible bilateral sacroiliitis, insomnia secondary to pain, and depression secondary to pain. Past medical treatment consists of physical therapy, the use of a TENS unit, and medication therapy. Medications include Naprosyn, omeprazole, Ultracet, capsaicin patches, topical creams, trazodone, Brintellix, and Vistaril. The injured worker underwent an MRI of the lumbar spine, which demonstrated bilateral L5 spondylolisthesis. There was also a slight slip at L5-S1. An EMG/NCS was negative for lumbar radiculopathy. On 08/15/2014, the injured worker complained of back pain. Physical examination revealed a flexion of 45 degrees, extension of 10 degrees, lateral bending to the right and left of 75% of normal. The treatment plan is for the injured worker to undergo a pars block of the lumbar spine. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pars Block for The Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet Joint Medial Block.

Decision rationale: The request for 1 pars block for the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that invasive techniques are of "questionable merit." The Official Disability Guidelines state the following criteria for the use of a diagnostic block: limited to injured workers with low back pain that is non radicular and at no more than 2 levels bilaterally; there is documentation of failure of conservative treatment prior to the procedure for at least 4 to 6 weeks, and the use of IV sedation may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme anxiety. The submitted documentation lacked objective findings to support a diagnosis of facet pain. The included documentation lacked evidence of failure of conservative treatment of the last 4 to 6 weeks. Additionally, the request as submitted did not indicate part of the lumbar spine with the receiving pars block. Given the above, the injured worker not within recommended guideline criteria. As such, the request is not medically necessary.