

Case Number:	CM14-0050070		
Date Assigned:	07/07/2014	Date of Injury:	01/22/1991
Decision Date:	01/02/2015	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 22, 1991. In a Utilization Review Report dated April 2, 2014, the claims administrator denied a request for lumbar selective nerve root blocks and lumbar medial branch blocks. The claims administrator stated that the applicant had undergone previous blocks but that the attending provider had failed to outline any tangible improvement with the same. The claims administrator suggested that the applicant had undergone prior lumbar fusion surgery and now carried an operating diagnosis of complex regional pain syndrome (CRPS) of the low back. The applicant's attorney subsequently appealed. On October 31, 2013, the applicant's physiatrist stated that the applicant had been deemed totally and permanently disabled. The applicant was no longer working either as a bus driver, a preschool teacher, or in any other capacity. The applicant was using Dilaudid, Gabapentin, Topamax, and Biofreeze gel for pain relief, it was acknowledged. Physical therapy, Dilaudid, and Topamax were renewed. In a January 23, 2014 progress note, the applicant was given diagnoses of failed back syndrome and complex regional pain syndrome of the left lower extremity. The applicant had undergone multiple sympathetic blocks and lumbar epidural steroid injections, it was acknowledged. Multiple other medications had been tried and failed, including Lyrica, Neurontin, and Flector, it was stated. The applicant received epidural blocks on January 16, 2014 and facet injections at L4-L5 on the same date, it was acknowledged. Dilaudid and Flexeril were endorsed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 selective nerve root blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The request in question does represent a repeat request for epidural steroid injection therapy. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant is off of work. The applicant has been deemed permanently and totally disabled. Earlier epidural injections/selective nerve root blocks have failed to curtail the applicant's dependence on opioid agents such as Dilaudid. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier epidural blocks. Therefore, the request for bilateral L5 selective nerve root blocks is not medically necessary.

Medial branch blocks for the L3-4 and L4-5 facets: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, of which the medial branch blocks at issue are a subset, are deemed "not recommended." In this case, it is noted that there is considerable lack of diagnostic clarity here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does, however, establish a limited, diagnostic role for medial branch blocks prior to pursuit of facet neurotomies, in this case, however, there is a considerable lack of diagnostic clarity present here. The applicant has been given diagnoses of lumbar radiculopathy and complex regional pain syndrome. These issues appear to be the primary pain generators. It does not appear that the applicant in fact has facetogenic low back pain for which the medial branch blocks at issue could be considered. The request, thus, is not indicated both owing to the unfavorable ACOEM position on the article at issue as well as owing to the considerable lack of diagnostic clarity present here. Therefore, the request is not medically necessary.