

Case Number:	CM14-0087140		
Date Assigned:	07/23/2014	Date of Injury:	08/05/2002
Decision Date:	09/19/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/10/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 73-year-old female who reported an injury on 08/05/2002. The mechanism of injury was not provided within the documentation submitted for review. Her diagnosis was noted to be lumbosacral neuritis. Prior treatments were noted to be physical therapy, trigger point injections, acupuncture, occupational therapy, nerve root blocks, and medications. Diagnostic testing includes an MRI of the lumbar spine and electrodiagnostic studies. A clinical evaluation on 02/12/2014 notes the injured worker with subjective complaints of neck pain and headaches. She also complained of ongoing back pain, and is status post L4-5 selective nerve root block with 95% improvement in her pain on 08/07/2013. The injured worker has completed physical therapy for the lumbar spine with 50% improvement in her pain. Trigger point injections and Toradol are effective for pain control. She also completed acupuncture and a course of occupational therapy with improvement in her neck pain in January. Prior to that, she was status post a right L4-5 selective nerve root block on 10/03/2012 with 90% improvement in her symptoms for approximately 4 weeks. Her pain, however, has returned. The objective findings revealed she had improvements in the sensation of the anterior thigh, following the prior injections, tenderness to the right sciatic notch, and she had trigger points identified in the paralumbar region, left greater than right. Straight leg raise was positive at 65 degrees on the left side. There was pain on extension across the lumbar region with trigger points identified. There was decreased pain with extension and rotation. She had decreased sensation in the right L4-5 distribution. There was minimal tenderness over the right sciatic notch. The treatment plan was for bilateral C3-4 medial branch radiofrequency ablation. Home exercise program was suggested, continuing medications, and to repeat L4-5 selective nerve root block with fluoroscopy and sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 and L5 selective nerve root block.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

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 Diagnostic Blocks (Injections).

Decision rationale: The request for Right L4 and L5 selective nerve root block is not medically necessary. The injured worker does not have clinical objective facet joint pathology. The California MTUS American College of Occupational and Environmental Medicine indicate facet neurotomies should be performed only after the appropriate investigation involving controlled differential dorsal ramus medial block diagnostic blocks. The Official Disability Guidelines indicate diagnostic neurotomy at the diagnosed levels. The guidelines also indicate criteria for use of diagnostic blocks. The clinical evaluation should include facet joint pain signs and symptoms over the joint levels requested. Diagnostic blocks are limited to patients with low back pain that is nonradicular, and at no more than 2 joint levels bilaterally. There must be documentation of failure of conservative treatment, including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. There can be no more than 2 facet levels injected in 1 session. Diagnostic facet blocks should be performed only in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed on injured workers who have had a previous fusion procedure at the planned injection level. In addition, the clinical documentation should include a rhizotomy/neurotomy/radiofrequency ablation to follow in the treatment plan. Due to the criteria not being met according to the guidelines, the request for a Right L4 and L5 selective nerve root block is not medically necessary.