

Case Number:	CM14-0197759		
Date Assigned:	12/08/2014	Date of Injury:	11/30/2006
Decision Date:	01/20/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/25/2014

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 and Arizona. 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 41 year-old female, who was injured on November 30, 2006, while performing regular work duties. The mechanism of injury occurred while the injured worker was rolling out clay, had the left knee on top of a desk to hold down paper, and then felt a sharp pain go down the right leg from the lower back. The injured worker has diagnoses of chronic low back pain, lumbago, spasm of the muscle, pain in thoracic spine, and thoracic/lumbosacral neuritis/radiculopathy unspecified. Past medical treatments consist of radiofrequency ablation, acupuncture, and medication therapy. Medications include Celebrex, Dilaudid, Exalgo ER, Lyrica, phentermine, and Zanaflex. The Utilization Review indicates the injured worker had previously been authorized in January 2014, and May 2014, for radio frequency ablations at right L3-4 and L4-5. The records indicate a magnetic resonance imaging of the lumbar spine was completed on April 17, 2013, and revealed disc protrusion. The MRI result was not provided for this review. An evaluation on April 8, 2014, indicated that the injured worker complained of increased back and leg pain, and was rated 5-8 out of 10 since a previous visit. On June 3, 2014 the records indicated that the injured worker was sleeping for about 2 hours at a time. A radio frequency ablation was completed in 2010 with good efficacy. On July 29, 2014, the records reveal the injured worker is currently taking Dilaudid; was re-tried on Lyrica that "did not work well"; pain rated as 7-9 out of 10 since last visit; and is working part-time. Physical examination revealed minimal leg pain, but had ongoing residual lumbar back pain on the right greater than the left. The lumbar back pain was worse with extension and prolonged sitting as well. There was no pain/numbness/tingling to the right lower extremity. There were no new neurological deficits noted. She did have lower back pain on the right, due to facet disease. The records do not indicate if the previously authorized radio frequency ablations have been scheduled, or completed. The treatment plan was for the injured worker to undergo a right medial branch

block at L3 to L5. There was no rationale or Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right medial branch block at L3-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The request for right medial branch block at L3-5 is not medically necessary. The California MTUS/ACOEM Guidelines state that invasive techniques such as injections are of questionable merit. Although epidural steroid injections may afford short term improvement in leg pain and sensory deficits in patients with nerve root compression due to herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. These injections are invasive, may be painful to the patient, and are not generally accepted or widely used. There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary pain relief. Similar quality literature does not exist regarding the same procedure in the lumbar spine. The submitted documentation indicated that the injured worker reported injury on 11/30/2006, indicating that the injured worker was long past the transitional phase between acute and chronic pain. Additionally, the guidelines state that there is a lack of evidence showing that diagnostic injections benefit patients with low back pain. Due to the above, the injured worker is not within the recommended guideline criteria. As such, the request is not medically necessary.