

Case Number:	CM14-0204969		
Date Assigned:	12/17/2014	Date of Injury:	02/15/2007
Decision Date:	02/13/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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 Anesthesiology, has a subspecialty in Pain 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 patient is a 53 year old female who was injured on 2/15/2007. The diagnoses are myalgia, bilateral shoulder, upper back, neck and low back pain. The patient had completed PT, acupuncture, massage, lumbar epidural steroid and facet median branch blocks. The last bilateral lumbar facet procedure was done on 1/17/2014. A 2013 MRI of the lumbar spine was reported to show multilevel disc bulges and neural foraminal narrowing, grade I anterolisthesis and central canal stenosis. On 10/16/2014, [REDACTED] / [REDACTED] noted subjective complaint of pain score rated at 5-6/10 on a scale of 0 to 10. The pain score without medications was 8-9/10. The patient was reported to be able to function at a full time job because the pain was well controlled with medications. There were objective findings of muscle spasm with tenderness of the lumbar paraspinal muscle. The medications listed are Soma, Norco and Tylenol with Codeine. A Utilization Review determination was rendered on 11/21/2014 recommending non certification for Bilateral L4-L5 median branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 medial branch block QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22, 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low and Upper Back. Facet Blocks.

Decision rationale: The MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain after conservative treatments with medications and physical treatments have failed. The records show that the patient completed several interventional pain procedures including lumbar epidural and facet injections. There is no documentation of significant pain relief, functional restoration and decreased medications utilization after the last lumbar facet procedure in 2014. The patient is reporting significant pain relief and functional restoration with utilization of the pain medications. The bilateral L4-L5 median branch block was not medically necessary.