

Case Number:	CM15-0142310		
Date Assigned:	08/03/2015	Date of Injury:	02/15/2011
Decision Date:	08/28/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old male who sustained an industrial injury on 02-15-2011. Mechanism of injury was a slip and fall. Diagnoses include degenerative disc disease, lumbosacral spondylosis without myelopathy, and lumbosacral radiculopathy. He reported another work related injury in 2002 where he had a rotator cuff repair. Treatment to date has included diagnostic studies, medications, physical therapy, chiropractic sessions, and transforaminal injections. On 11-06-2013 an unofficial Magnetic Resonance Imaging of the lumbar spine revealed multilevel of degenerative disc disease and spondylosis, mild stenosis of the canal and foramina at L3-4 and multilevel mild lumbar facet arthritis. Medications include Gabapentin, Robaxin, Norco, Ibuprofen and Lisinopril. A physician progress note dated 07-02-2015 documents the injured worker presented with back and leg pain, and that the pain is severe. He rates his pain as 8 out of 10. His urinary drug screen is consistent and his online pharmacy report shows no evidence of doctor shopping. He is uncomfortable when sitting and tries to avoid pressure on the right leg. Straight leg raise on the right is positive. He has pain on palpation over the both sides at L3 to S1 region. There is pain noted over the lumbar intervertebral spaces on palpation. There are palpable twitch positive trigger points noted in the lumbar paraspinous muscles. He walks with an antalgic gait. Lumbar range of motion is restricted. There is numbness in the right lateral calf. The treatment plan includes a lumbar Magnetic Resonance Imaging and he received a sample of Zorvilex 35mg, and he also received Neurontin, and is to continue to follow up with activities as tolerated. Treatment requested is for lumbar facet block L4-5, bilateral x 2 under fluoroscopy and monitored anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet block L4-5, bilateral x 2 under fluoroscopy and monitored anesthesia:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), medial branch blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in February 2011 and continues to be treated for back and leg pain. When seen, there was lumbar spine tenderness and trigger points were present. There was decreased lumbar spine range of motion with pain. He had an antalgic gait. There was positive right straight leg raising. There was bilateral lumbar facet tenderness. There was decreased right lower extremity strength and sensation and decreased right lower extremity reflexes. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has radicular symptoms affecting the right lower extremity with positive straight leg raising and decreased right lower extremity strength, sensation, and reflexes. The requested medial branch blocks do not meet the applicable criteria and are not medically necessary.