

Case Number:	CM15-0180946		
Date Assigned:	09/22/2015	Date of Injury:	02/10/2012
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/14/2015

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 47 year old female, who sustained an industrial injury on 2-10-12. Medical record indicated the injured worker is undergoing treatment for L3-4 and L4-5 annular tear and mild facet spondylosis. Treatment to date has included oral medications including Naprosyn and Lyrica and activity modifications. (MRI) magnetic resonance imaging of lumbar spine performed on 8-5-14 revealed disc bulge at L3-4 with eccentrically larger right lateral component may contact the right L3 nerve root distal to the neural foramen, minimal central canal narrowing at L4-5 and degenerative disc disease at L5-S1. Currently on 8-3-15, the injured worker complains of low back pain rated 6 out of 10 with weakness and some radiation to left leg. Work status is noted to be modified duties. Objective findings on 8-3-15 revealed moderate discomfort with lumbosacral range of motion. A request for authorization was submitted for bilateral lumbar medial branch block on 8-6-15. The treatment plan included a request for a medial branch block of left L3, 4 and 5 to rule out facet joint mediated pain and prescriptions for Celebrex 200mg #30 and Lyrica 50mg #60. On 8-14-15 utilization review non-certified a request for bilateral lumbar medial branch block left L3, 4 and 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar medial branch block Left L3, L4, L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 2012 and is being treated for low back pain with left lower extremity radiating symptoms. When seen, Naprosyn was causing gastrointestinal upset. There was some left lower extremity numbness and tingling. She was having left greater than right-sided low back pain and some leg pain. There was decreased lumbar range of motion without difference in flexion versus extension. There was a normal neurological examination including negative straight leg raising. Celebrex and Lyrica were prescribed and left L3, L4, and L5 medial branch blocks were requested. 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, there are no physical examination findings that support a diagnosis of facet-mediated pain such as facet tenderness or reproduction of symptoms with facet loading maneuvers. Symptoms are reported equally with flexion and extension. There are some findings of left sided radicular pain. Medications were prescribed at the same time the request was made suggesting that conservative treatments might be effective. Although a left sided procedure is referenced in the visit note, a bilateral procedure is being requested. The medial branch block procedure is not medically necessary.