

Case Number:	CM15-0187078		
Date Assigned:	09/29/2015	Date of Injury:	03/13/2009
Decision Date:	11/12/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old male, who sustained an industrial injury on 3-13-09. Current diagnoses or physician impression includes lumbosacral spondylosis without myelopathy, lumbar-lumbosacral intervertebral disc degeneration and lumbar disc displacement without myelopathy. The injured worker is currently on disability. In notes dated 7-1-15 and 8-31-15 reveals the injured worker presented with complaints of low back pain (right greater than left) with numbness and tingling into the middle of the right leg near the knee. His medications are working well, his pain is rated at 7 out of 10, and he rates his ability to function at 5 out of 10. He also reports sleep disturbance. Physical examinations dated 7-1-15 and 8-31-15 revealed an altered gait, which he uses a cane for. His low back pain worsens with activity, axial low back pain to his legs bilaterally right greater than left. There is lumbar paraspinal muscle tenderness. His axial low back pain (right greater than left) is consistent with spondylosis and spondylolisthesis causing pain. Treatment to date has included medications, cane and right L2, L2, L3, L4 and L5 facet nerve medial branch block. He had an MRI (5-21-13). A request for authorization dated 9-1-15 for right medial branch block at L2, L3, L4, and L5 is modified to L3- L4, and L4-L5, per Utilization Review letter dated 9-9-15.

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 L2, 3, 4 and 5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per Guidelines, nerve blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for a duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Nerve blocks are not recommended without defined imaging or clinical correlation, not identified here. There is no report of acute flare-up or change for this chronic 2009 injury. Additionally, nerve injections/blocks are not recommended in-patient who may exhibit radicular symptoms of numbness and tingling with identified spinal/neural foraminal stenosis and displacement, and performed over 2 joint levels concurrently (L2, L3, L4, L5) and at any previous surgical sites. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury. Submitted reports have not demonstrated support outside guidelines criteria. The Right medial branch block at L2, 3, 4 and 5 is not medically necessary or appropriate.