

Case Number:	CM15-0189373		
Date Assigned:	10/01/2015	Date of Injury:	09/21/1999
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/25/2015

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 57 year old female with an industrial injury date of 09-21-1999. Medical record review indicates she is being treated for degenerative lumbar intervertebral disc, cervical spondylosis without myelopathy, lumbago, displacement lumbar disc without myelopathy, cervicgia, lumbosacral spondylosis without myelopathy, myalgia and myositis, cervicocranial syndrome, thoracic-lumbosacral radiculitis and sacroiliitis. Subjective complaints (09-03-2015) included chronic low back pain, right leg pain and neck pain to the shoulders and hand. The treating physician documented "no major changes in the neck, low back and right leg pain" since 06-06-2015 visit. "Medications are working well." Her pain rating is documented as: Average pain since last visit - 8 out of 10, mood since last visit 7 out of 10 and functional level since last visit is rated as 7 out of 10. Current medications included Cymbalta, Morphine, Percocet, Trazodone and Vimovo. Prior treatments are documented as medications, home exercise program and medications. MRI of the lumbar spine (03-11-2014) is documented by the treating physician (09-03-2015) as: "Mild right lateral recess stenosis is shown at both lumbar 3-4 and lumbar 4-5 attributable at each left to relatively mild right lateralizing disc bulging with compounding right greater than left sided ligamentous thickening-facet arthropathy. At lumbar 1-2 there is 2.5 mm posterior disc bulging without impingement. Mild right lumbar 4 and mild left lumbar 5 foraminal narrowing is present." Physical exam (09-03-2015) findings are documented as "ongoing axial low back pain with minimal leg symptoms as well as right shoulder pain." "The low back pain is more axial in nature." "She is using a cane still." "She is without new deficit." On 09-17-2015 utilization review non-certified the request for Medial

Branch Block right L3, L4, and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block right L3, L4, and L5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 has a remote history of a work injury occurring in September 1999 when she fell while carrying paper bags to a drive-through at a fast food restaurant. She had injuries to her neck, back, shoulders, and knees. When seen, she had complaints including chronic low back and right leg pain. There had been no major changes since the previous evaluation. Medications were working well. The low back pain was the most bothersome on a daily basis. Pain was rated at 8/10. She was noted to ambulate with a cane. Physical examination findings included a body mass index over 33. Although the examination references ongoing low back pain with minimal leg symptoms as well as right shoulder pain, and actual examination of the lumbar spine is not recorded. Authorization is being requested for right-sided lumbar medial branch blocks. 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 is having radiating right lower extremity pain. 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. The requested injection procedure is not medically necessary.