

Case Number:	CM15-0190732		
Date Assigned:	10/02/2015	Date of Injury:	03/20/2005
Decision Date:	11/10/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/28/2015

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 68-year-old female who sustained an industrial injury 3-20-2005. Diagnoses have included low back pain, lumbar degenerative disc disease, and lumbosacral spondylosis without myelopathy. An X-ray of the lumbar spine was taken 9-3-2015 confirming facet arthropathy and loss of disc space and an MRI dated 5-6-2014 is noted to have showed facet arthropathy and mild-moderate disc bulges from L3-S1. The physician stated "she has only axial low back pain." Documented treatments include lumbar epidural injections, physical therapy, home exercise, and medication, including Gabapentin, Lyrica, Methadone, Norco, Temazepam, and Alprazolam. The physician stated she had "failed" these "conservative treatments." On 9-3-2015 the injured worker reported low back pain rated as 6 out of 10 which radiates into both lower extremities, and it ranges between 5 and 10 out of 10. She described her symptoms as "pins and needles, aching, dull, and stabbing," and that it is aggravated with "all physical activities" being present 90 percent of the time. On 8-5-2015 she reported the pain had become so severe after activity that "she could hardly walk." She said she did not experience other joint pain. Objective examination noted severe tenderness in the lumbar spine with moderately decreased range of motion, negative FABER test, and negative bilateral straight leg raise. Right and left facet loading was noted as positive. The treating physician's plan of care includes a request for authorization submitted on 9-4-2015 for a medial branch nerve block at bilateral L3-4, L4-5, and L5-6 which was denied on 9-14-2015. She remains off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medial branch nerve block at bilateral L3-4, L4-5, and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Lumbar & Thoracic) (Acute & Chronic) Facet Joint Pain.

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 March 2005. She was seen by the requesting provider on 09/03/15. She was having low back pain with radiating symptoms into both lower extremities. Physical examination findings included moderately decreased lumbar spine range of motion. Facet loading was positive bilaterally. There was a normal neurological examination. Authorization is being requested for bilateral three level lumbar facet 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. No more than two facet joint levels are to be injected in one session. In this case, the claimant is having radicular low back pain with bilateral lower extremity symptoms and a three level bilateral procedure is being requested. The request is not considered medically necessary.