

Case Number:	CM15-0199037		
Date Assigned:	10/14/2015	Date of Injury:	01/30/2001
Decision Date:	12/02/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/09/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year old female sustained an industrial injury on 1-30-01. Documentation indicated that the injured worker was receiving treatment for chronic low back pain with lumbar degenerative disc disease and lumbar spondylosis without myelopathy. Past medical history was significant for hypertension and diabetes mellitus. Previous treatment included physical therapy, home exercise and medications. Magnetic resonance imaging lumbar spine (5-4-15) showed anterolisthesis of L3 over L4 and L4 over L5, annular bulging with bilateral facet and ligamentum flavum hypertrophy at L3-4 and L4-5 and severe canal stenosis at L4-5. In a visit note dated 9-15-15, the injured worker complained of ongoing low back pain, rated 6 out of 10 on the visual analog scale. The injured worker reported having worsening pain in the right buttock, radiating around to the lateral right hip and down the right leg. The injured worker reported that taking Norco and Gabapentin decreased her pain by about 50%. The injured worker continued to work 40 hours per week. Physical exam was remarkable for "acute" tenderness to palpation over the lumbar spine at L4-5, L5-S1 and right S1 and S2 with positive facet maneuvers and increased pain with range of motion. The physician stated that requests for lumbar epidural steroid injections had been denied. The treatment plan included requesting authorization for L4-5 medial branch block, a urine drug screen, continuing current medications and continuing home exercise, stretching, ice and heat. On 10-5-15, Utilization Review noncertified a request for L4-5 bilateral medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Bilateral medial branch block: 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), Low Back Chapter, Facet joint diagnostic blocks (injections).

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

Decision rationale: According to the ACOEM chapter on low back, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. In this case the patient has chronic low back pain. There is no documentation that the patient is transitioning between acute and chronic pain. The use of invasive techniques is not medically necessary.