MAXIMUS Federal Services

Case Number:	CM15-0214893		
Date Assigned:	11/04/2015	Date of Injury:	05/28/2014
Decision Date:	12/23/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/02/2015

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: Florida
Certification(s)/Specialty: Neurology, 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 54year old female, who sustained an industrial-work injury on 5-28-14. She reported initial complaints of neck and back pain. The injured worker was diagnosed as having chronic pain syndrome, lumbar degenerative disc disease, lumbar canal stenosis, lumbar facet arthropathy, lumbar radiculopathy, depression, and neck sprain-strain, and cervicalgia. Treatment to date has included medication and diagnostics. CT scan of the lumbar spine reported on 6-26-15 revealed minimal spinal canal stenosis and minimal narrowing of the inferior aspect of the left neural foramen at the level of L3-4, minimal spinal canal stenosis and minimal narrowing of the neural foramen inferiorly bilaterally at level of L4-5. Currently, the injured worker complains of continued constant pressure-like and dull low back pain rated 7-8 out of 10, radiating to the right hip and leg. The leg pain was intermittent but more intense. There was intermittent and mild neck pain with cracking in the neck with movements. Medications included Tylenol #3, Norco 5-325, Zofran as needed, Lioresal, Motrin as needed, Lodine, Flexeril at bedtime, and Lisinopril. Per the primary physician's progress report (PR-2) on 8-27-15-15, exam noted no acute distress, poor posture with forward rounded shoulders, limited neck and low back range of motion, tenderness to palpation along cervical and lumbar paraspinal muscles, straight leg raise is negative bilaterally, motor strength is normal to upper and lower extremities, DTR (deep tendon reflexes) are symmetric, and decreased sensory exam to the right L4-5 and S1 levels of dermatomal distribution. Current plan of care includes EMG (electromyography) of right lower extremity, medications, continue home exercise program (HEP), and nerve blocks. The Request for Authorization requested service to include Bilateral Medial Branch Nerve Blocks at Levels of L3-L4 and L4-L5 with Fluoroscopic Guidance and Moderate Sedation. The Utilization Review on 10-22-15 denied the request for Bilateral Medial Branch Nerve Blocks at Levels of L3-L4 and L4-L5 with Fluoroscopic Guidance and Moderate Sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Nerve Blocks at Levels of L3-L4 and L4-L5 with Fluoroscopic Guidance: 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) lumbar, facet block.

Decision rationale: The medical records provided for review report back pain but do not document physical examination findings consistent with facet-mediated pain. Further ODG guidelines do not support more than 1 facet injection in the case of an injured worker having demonstrated physical exam findings of facet mediated pain. As such, the medical records provided for review do not demonstrate findings in support of bilateral L3-4 and L4-5 facet injections congruent with ODG. Therefore, the request is not medically necessary.

Moderate Sedation: 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) lumbar, facet block.

Decision rationale: The medical records provided for review report back pain but do not document physical examination findings consistent with facet-mediated pain. Further ODG guidelines do not support more than 1 facet injection in the case of an injured worker having demonstrated physical exam findings of facet mediated pain. As such, the medical records provided for review do not demonstrate findings in support of bilateral L3-4 and L4-5 facet injections congruent with ODG. The medical records do not indicate support of facet blocks congruent with ODG guidelines. As such, the medical records do not support the necessity of moderate sedation. Therefore, the request is not medically necessary.