

Case Number:	CM15-0218777		
Date Assigned:	11/10/2015	Date of Injury:	05/21/2015
Decision Date:	12/24/2015	UR Denial Date:	10/02/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 56-year-old male, who sustained an industrial injury on 5-21-15. The injured worker is diagnosed with right low back pain with radiculopathy, foraminal stenosis at L3-L4 and L4-L5, non-radicular low back pain (likely secondary to facet joint arthropathy at L4-L5 and L5-S1), lumbar strain, spondylosis, degenerative discs, morbid obesity, liberal alcohol consumption (attributed to dealing with pain and is reported as temporary). His work status is modified duty. Notes dated 8-12-15 and 9-15-15 reveals the injured worker presented with complaints of right low back and buttock pain that radiates to his knee and intermittently to his calf and right foot. He reports some right groin pain and reports his right leg "feels like it is not mine". He reports the pain interferes with sleep and is rated at 3-6 out of 10. He also reports difficulty going down the stairs and has to go down them backwards. A physical examination dated 9-15-15 revealed "significant" tenderness on the right paralumbar, right lateral rotation is 10 degrees and left is 25 degrees. Lumbar hyperextension, right lateral rotation and facet loading elicit "significant" pain at L4-L5 and L5-S1. Lumbar range of motion is affected due to pain and body size. Treatment to date has included chiropractic care, which was not helpful per note dated 9-15-15; however, a note dated 7-13-15 states the treatments provided "tremendous" relief for the bruised feeling in his low back; medications and pain management. Of note, the injured worker reports drinking 6 ounces of whiskey 3 times a week to decrease his pain, per note dated 9-15-15. Diagnostic studies include a lumbar spine MRI, which revealed L3-L4 central stenosis and moderately advanced right neural foraminal stenosis, mild to moderate right neural foraminal encroachment and facet arthropathy involving L4-L5 and L5-S1 levels, per physician

note dated 9-15-15. A request for authorization dated 9-23-15 for transforaminal nerve blocks right lumbar L3-L4 and L4-L5 is non-certified, per Utilization Review letter dated 10-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal nerve blocks, right lumbar L3-L4 and L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity, Work, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: The ACOEM Guidelines support the use of diagnostic medial branch block before attempting a radiofrequency neurotomy of facet joint nerves in the lower back in select cases. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the right buttock and decreased sleep. There was no discussion reporting a radiofrequency neurotomy was planned or describing special circumstances that sufficiently supported this request. Further, the request did not sufficiently specify the type of nerve block, which does not allow for a fully determination of medical necessity. For these reasons, the current request for transforaminal nerve blocks at the right side of the L3 and L4 levels is not medically necessary.