

Case Number:	CM15-0219948		
Date Assigned:	11/13/2015	Date of Injury:	02/13/2015
Decision Date:	12/30/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/09/2015

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:

The injured worker is a 42 year old male, who sustained an industrial injury on 02-13-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for twisting injury to the left ankle and low back injury. Medical records (04-13-2015 to 10-22-2015) indicate ongoing and increasing back pain and bilateral leg pain. Back pain levels were 5 out of 10 on a visual analog scale (VAS) on 04-13-2015, and increased to 7 out of 10 on 10-22-2015. Records did not address activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 10-22-2015, revealed tenderness to palpation to the left midline in the thoracic spine below the tip of the scapula, tenderness in the low back at the iliac crest, and positive straight leg raise on the left. Relevant treatments have included: T8-9 epidural steroid injection with good benefit that lasted only about 3 days, work restrictions, and medications. A MRI of the lumbar spine (05-13-2015) was available for review and showed a moderately large herniated disc at L4-5 with effacement of the lumbar subarachnoid space. The treating physician also reported MRI (06-01-2015) findings of T7-8, T8-9 and T9-10 disc herniations. The request for authorization (10-30-2015) shows that the following procedure was requested: Bilateral MBB (medial branch blocks) T8-9 #1. The original utilization review (11-06-2015) non-certified the request for Bilateral MBB (medial branch blocks) T8-9 #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral MBB (medial branch blocks) T8-9 #1: 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), Lumbar & Thoracic-Acute & Chronic: Facet joint injections, Thoracic.

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 pain. The documentation does not support that the patient is transitioning between acute and chronic pain. The medical necessity for invasive techniques including medial branch blocks is not made. Therefore, the request is not medically necessary.