

Case Number:	CM15-0222854		
Date Assigned:	11/18/2015	Date of Injury:	02/19/2014
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 59 year old female who sustained an industrial injury on February 19, 2014. The worker is being treated for: low back pain; persistent lumbago, lumbosacral sprain and strain, lumbar disc herniation ruling out facet syndrome. Subjective: July 27, 2015 she reported complaint of lumbar spine pain remained constant with radiation into left leg. Objective: August 2015 follow up noted lumbar spine with slight tenderness at L4 and L5 along with L5 and S1 and showed about 60 to 70 % forward flexion, but only 40 to 50 % of backward extension and lateral bending's noted associated with moderate muscular spasm and guarding. A SLR found bilaterally positive at 30 to 40 degrees while sitting. Diagnostic: MRI of lumbar spine July 2015; radiographic study of lumbar spine also; EMG NCV 2014. Medication: June 2015: Aleve. July 2015 noted anti-inflammatory agent and topical compound cream. Treatment: pain management; noted positive trial of lumbar facet block May 2015, status post RFA August 2015 neurotomy noted with overall condition much stable as her activities specifically walking seem improved; HEP; modified work duty. On October 09, 2015 a request was made for a left L3 nerve block injection that was non-certified by Utilization Review on October 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left nerve block injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Intravenous regional sympathetic blocks (for RSD/CRPS, nerve blocks).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Spine: Facet blocks.

Decision rationale: ODG states that medial branch blocks for facet mediated pain may be of diagnostic benefit. It further states that there is no significant evidence that lumbar radiofrequency ablations are effective. This patient's lower back condition is considered to have reached maximum medical improvement and permanent work restrictions have been provided. In this case, the radiofrequency ablations reportedly provided significant improvement. However, it is difficult to objectively measure the functional improvement after the ablations. The patient was not taking oral analgesic medications prior to the procedure. The medical records do not document whether there has been a change in the work status to reflect any improved function. The utilization review denial did not contain any specific rationale to deny this request for an L3 medial branch block. Based upon the patients reported success with the radiofrequency ablation at the two levels below, this request for a diagnostic L3 medial branch block is medically necessary.