

Case Number:	CM15-0056979		
Date Assigned:	04/01/2015	Date of Injury:	07/12/2014
Decision Date:	05/01/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56-year-old female, who sustained an industrial injury on July 12, 2014. She reported low back pain and hip pain with radiating pain to both legs. The injured worker was diagnosed as having lumbosacral strain, right knee/right leg, right ankle, right hip/contusion of hip, low back, right thigh pain and severe spondylosis of the facet joints and possible mild spondylosis of the facet joints in the lumbar spine associated with bilateral lower extremity radiculitis rule out disc disease. Treatment to date has included diagnostic studies, steroid injection, medications and work restrictions. Currently, the injured worker complains of low back and hip pain with radiating pain to both legs and associated tingling and numbness. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 2, 2015, revealed continued complaints as noted. A medial branch block and a pain consultation was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Evaluation, QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 6, page 112 regarding Pain, Suffering, and the Restoration of Function.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant is nearly one-year status post work-related injury and continues to be treated for chronic low back pain. When seen, she had radiating symptoms to the foot on the right side and was having numbness and tingling. There was positive straight leg raising bilaterally. There had been improvement after an epidural steroid injection in October 2010. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's condition is consistent with lumbar radiculopathy. An epidural steroid injection or other interventional treatment might be an option in her treatment. Therefore requesting a referral to pain management is medically necessary.

Medial branch blocks at L4-L5 & L5-S1, QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation (12th annual edition), Low Back - Lumbar & thoracic (Acute & Chronic), Facet joint diagnostic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The claimant is nearly one-year status post work-related injury and continues to be treated for chronic low back pain. When seen, she had radiating symptoms to the foot on the right side and was having numbness and tingling. There was positive straight leg raising bilaterally. There had been improvement after an epidural steroid injection in October 2010. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has radiating low back pain with positive straight leg raising consistent with radiculopathy. Therefore, the requested medial branch blocks are not medically necessary.