

Case Number:	CM13-0019942		
Date Assigned:	10/11/2013	Date of Injury:	04/20/2012
Decision Date:	01/22/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Connecticut. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 57-year-old female who sustained an injury to her low back in a work related accident on 04/20/12. Clinical records for review do not demonstrate formal imaging reports. It indicates recent treatment to the lumbar spine including epidural injections, medication management and a course of therapy. There were electrodiagnostic studies reviewed from 11/01/12 that were interpreted as normal. The most recent assessment of 07/26/13 indicated the claimant was with continued complaints of axial low back pain with a current diagnosis of L4-5 disc herniation and a physical examination failing to demonstrate radicular findings. It stated at that time that she had recently undergone a 07/10/13, three level, right sided medial branch block at L3-4 through L5-S1. It was noted to have been positive for short term, symptomatic relief. A second confirmatory block at the requested levels was being recommended as well as recommendation of a laboratory testing to assess kidney and liver function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block on the right L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back procedures.

Decision rationale: California MTUS ACOEM states "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 claimant underwent a diagnostic medial branch block in July of 2013 and additional blocks have been requested however as guidelines indicate that local injections and facet injections are of questionable merit, and in that a set of the injections has already been undertaken with a request for repeat of the same "diagnostic" blocks, the request cannot be considered as medically necessary.

Lab: med panel (CBC, kidney, liver function): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, while laboratory testing for use of medications is indicated within four to eight weeks after starting therapy, long term assessment with laboratory tests is typically not required as per nonsteroidal medication box labeling. Given the claimant's chronic stage in his clinical course of care and chronic use of medications, the role of this laboratory testing would not be supported.