

Case Number:	CM14-0123564		
Date Assigned:	08/11/2014	Date of Injury:	07/11/2011
Decision Date:	10/22/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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/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 injured worker is a 37-year-old male who reported an injury on 07/11/2011. The mechanism of injury was not provided. The injured worker's diagnoses included herniated disc at L5-S1, facet disease, low back pain, lumbar radiculopathy, and sciatica. The injured worker's past treatments included medications, trigger point injections, and home exercise program. The injured worker had an official MRI on 06/26/2014 of the lumbar spine which showed L5-S1 central disc protrusion and facet arthropathy with periarticular cyst. The injured worker's surgical history was not provided. On the clinical note dated 07/10/2014, the injured worker complained of ongoing back pain, which radiates into his left leg. The injured worker had significant tenderness in the left lower lumbosacral spine, range of motion 70% of normal, radiculopathy on the left side at L5-S1, mildly positive straight leg raise, and numbness and tingling in the L5-S1 distribution. The injured worker's medications included Naproxen, Hydrocodone, Tramadol ER, Prilosec, and Terocin patches. Dosages and frequencies were not provided. The request was for a left L5-S1 selective nerve root block with bilateral L5-S1 facet block. The rationale for the request was not provided. The Request for Authorization was submitted on 07/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 selective nerve root block with bilateral L5-S1 facet block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines intravenous regional sympathetic blocks Page(s): 55-56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint medial branch blocks

Decision rationale: The request for left L5-S1 selective nerve root block with bilateral L5-S1 facet block is not medically necessary. The injured worker is diagnosed with herniated disc at L5-S1, facet disease, low back pain, lumbar radiculopathy, and sciatica. The injured worker complains of back pain that radiates to the left leg. The California MTUS/ACOEM Guidelines state invasive techniques, like local injections, facet injections of cortisone, and lidocaine, are of questionable merit. The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy. Diagnostic blocks may be performed with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Clinical presentation should be consistent with facet joint pain, signs, and symptoms. It is recommended to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. There must be documentation of failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. No more than 2 facet joint levels are injected in 1. Patients should document pain relief with an instrument such as VAS scale, emphasizing the importance of recording maximum pain relief and maximum duration of pain. The medical records indicate the injured worker has left sided L5-S1 radiculopathy. The MRI showed L5-S1 central disc protrusion and facet arthropathy with articular cyst. The guidelines recommend nerve and facet blocks for nonradicular patients. There is a lack of documentation indicating failure of conservative treatment. As such, the request for left L5-S1 selective nerve root block with bilateral L5-S1 facet block is not medically necessary.