

Case Number:	CM14-0129881		
Date Assigned:	08/20/2014	Date of Injury:	08/05/2010
Decision Date:	09/26/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 48-year-old female who reported an injury on 08/05/2010. Reportedly sustained back pain due to a work injury. The injured worker's treatment history included medication, MRI studies, x-ray of the spine, and EMG/NCV studies. The injured worker was evaluated on 07/24/2014, and it was documented the injured worker complained of intractable back pain that was described as sharp, stabbing, throbbing. Duration of pain was described as constant. Severity of symptoms were described as moderate to severe with profound limitations. Radiation of pain included both lower extremities. Associated symptoms included numbness of both feet. Ambulation was unaided. No assistive device was used. The worker had an MRI of the lumbar spine on 12/19/2013 that revealed mild multilevel degenerative disc disease, with specific mention of left foraminal disc protrusion at L3-4 and right foraminal disc protrusion at L4-L5, both associated with mild neural foraminal narrowing. Cervical nabothian cyst and small ovarian cyst and/or follicles. Presumed right renal cysts. Physical examination revealed the worker's mental status was normal. Mood and affect were normal. Diagnoses included lumbar radiculopathy, lumbar HNP without myelopathy, SS thoracic spine, sprain/strain of the lumbosacral spine, sprain/strain of the sacroiliac joint and coccydynia. Medications included Soma, Vicodin, and Motrin. Request For Authorization dated 07/16/2014 was for lumbar facet and median branch blocks at L4-5 and L5-S1. The rationale was not submitted for this review

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet median branch blocks at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC) Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The requested service is not medically necessary. According to the California MTUS/ACOEM Guidelines state invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The documents submitted for review lacked outcome measurements of conservative care such as, physical therapy sessions and home exercise regimen for the injured worker. Given the above, the request for trial of lumbar facet branch blocks at L4-5 and L5- S1 is not medically necessary.