

<b>Case Number:</b>	CM15-0175770		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	03/13/2000
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 67-year-old female, who sustained an industrial injury on 3-13-00. The documentation on 7-9-15 noted that the injured worker has complaints of low back pain below belt line that radiates to left media ankle of one week duration with increased pain with walking and decreased pain with bed rest. The injured worker has complaints of mid back pain radiating to right flank for 15 years in the T8 dermatome. The documentation noted on 8-17-15 the injured worker has continuing complaint of right-sided thoracic pain and left-sided low back pain with radiation to the left anterolateral leg with 50 percent of her pain is to her back and 50 percent to her leg. The documentation noted that the injured worker is able to sit for approximately 1 hour at a time, able to stand for approximately 30 minutes at a time and only able to only walk 1 mile at a time. Lumbar magnetic resonance imaging (MRI) on 10-3-14 revealed L3-4 left facet joint cyst and L4-5 disc protrusion with impingement of L5 nerves. Magnetic resonance imaging (MRI) of the thoracic spine on 9-15-14 showed a T8-9 herniated disk that is on the right side of the spinal canal, measures about 4 millimeter and seems to be the most prominent problem. The diagnoses have included right T9-10 thoracic radicular pain; facet joint cyst with resolving low back pain and left sciatica suggestive of left L4 distribution. Treatment to date has included Left L3-4 facet joint injection on 5-15-15 with more than 50 percent relief; neck surgery in 2003; back surgery in 2013, L4-S1 (sacroiliac) laminectomy and L5-S1 (sacroiliac) facet cystectomy; on 6-5-15 had a right T8-9 selective nerve root block with 50 percent relief, but feels some pain at the level below; ibuprofen is helpful and vicodin is ineffective per the 7-9-15 progress note. The original utilization review (8-27-15) partially approved a request for left L4 selective nerve root block and left L4-L5-S1 facet joint block.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left L4 selective nerve root block:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Epidural Steroid Injection, Diagnostic; Facet Joint Diagnostic blocks.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** In this case the claimant does have nerve root involvement a sciatic distribution of physical findings. The claimant had previously responded to ESIs at a higher level in the spine. The request for the nerve root block of L4-L5 is appropriate.

### **Left L4-L5-S1 facet joint block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Epidural Steroid Injection, Diagnostic; Facet Joint Diagnostic Blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Loa back chapter and pg 36.

**Decision rationale:** According to the guidelines, facet blocks are indicated in those without radicular symptoms and not within the same time frame as a nerve root block. As noted above, the claimant has radicular findings at L4. The request for facet joint block in the same level is not recommended. The request for Left L4-L5-S1 facet joint block is not medically necessary.