

Case Number:	CM15-0176166		
Date Assigned:	09/17/2015	Date of Injury:	10/13/2014
Decision Date:	10/20/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 58 year old female who sustained an injury on 10-13-14 resulting in injury to her lower back while lifting a child. Diagnoses are lumbar spine degenerative anterolisthesis of 3.0 mm at L4 on L5 and increased facet signal per MRI on 12-10-14; lumbar spine radiculopathy and lumbosacral spine sprain, strain. On 5-26-15, she continues to have lumbar spine symptomology and the electrodiagnostic studies from 4-6-15 reveal no evidence of lumbosacral radiculopathy, plexopathy or peripheral nerve entrapment. Medications include Flexeril 10 mg and Tramadol ASAP 40 mg. Her complaints were headaches; intermittent neck pain and low back pain that radiate to the left hip and are intermittent, movements are painful and limited. The acupuncture treatments have been helpful in decreasing her pain. She was to continue utilizing a cane as needed, continue with medications and is temporarily totally disabled. On 7-7-15 she continues to complain of low back pain and reduced range of motion; tenderness to palpation over the lumbosacral midline and bilateral gluts; pain with flexion and extension. The epidural injection that was given on 6-12-15 she states that it helped. She is to continue with home exercise program for the lumbar spine, which helps improve flexibility, range of motion and strength. On 8-11-15 rehabilitation progress report indicates chief complaint as low back pain. The pain severity is 9 out of 10 and involves her left leg; stabbing quality that is made worse by standing and sitting and better by ice and medication. The pain radiates down the left leg. Currently she states the epidural was helpful for her leg pain and still has significant low back pain. She states she has not taken Tramadol since May and this it was not very effective. Medications listed are Amlodipine Besylate 2.5 mg; Aspirin 81 mg;

Flexeril 5 mg; Gabapentin 300 mg; Hydrochlorothiazide 25 mg, Ibuprofen 800 mg; Naproxen 500 mg; and Tylenol with Codeine #3. Lumbosacral spine examination bilateral lumbar facet tenderness; positive facet loading and bilateral exquisite SI joint tenderness; radiating leg pain has improved since the last visit and intermittent pain down L4 and S1. Lumbar medial nerve block at multiple levels under fluoroscopy was ordered at this visit. Utilization review 8-27-15 requested treatment non- certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar MBN Blocks At Multiple Levels Under Fluoroscopy: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet block injections.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral lumbar median nerve block (MBN) blocks at multiple levels under fluoroscopy is not medically necessary. (Table 8-8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; one set a diagnostic medial branch blocks is required with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally an documentation of failed conservative treatment (including home exercise, PT an nonsteroidal anti-inflammatory drugs) prior the procedure for at least 4-6 weeks etc. In this case, the injured worker's working diagnoses are chronic pain syndrome; lumbago; myalgia and myositis; and muscle spasm. Date of injury is October 13, 2014. Request authorization is August 20, 2015. According to an August 11, 2015 progress note, the injured worker has back pain 9/10 that radiates to the left lower extremity. The worker received prior epidural steroid injection with no effect. Objectively, there was bilateral lumbar facet tenderness with positive facet loading. There is no neurologic evaluation to rule in or rule out objective evidence of radiculopathy (of the lower extremities). The request does not identify specific levels for the median nerve blocks. The documentation shows there is subjective evidence of radiculopathy. The guidelines indicate facet joint injections are of questionable merit. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of objective neurologic evidence of non-radicular pain, documentation with subjective evidence of lower extremity radiculopathy and no documentation indicating what specific levels are to be injected, bilateral lumbar median nerve block (MBN) blocks at multiple levels under fluoroscopy is not medically necessary.