

Case Number:	CM15-0178535		
Date Assigned:	09/18/2015	Date of Injury:	04/11/2011
Decision Date:	10/29/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/10/2015

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, North Carolina
 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 64-year-old male, who sustained an industrial injury on 04-11-2011. He has reported injury to the neck and low back. The injured worker has been treated for chronic pain; cervical radiculopathy; lumbar spinal stenosis; lumbar radiculopathy; and lumbar facet arthropathy. Treatment to date has included medications, diagnostics, cervical epidural steroid injection, and epidural steroid injection. Medications have included Tramadol, Flexeril, and Xanax. A progress report from the treating provider, dated 08-17-2015, documented an evaluation with the injured worker. The injured worker reported neck pain, which is accompanied by numbness frequently in the left upper extremity to the level of the hand; the neck pain is associated with bilateral occipital headaches; low back pain, which radiates down the left lower extremity; the pain is rated as 7 out of 10 in intensity on average with medications since the last visit; the pain is rated as 7 out of 10 in intensity on average without medications since the last visit; he reported his pain as unchanged since the last visit; previous cervical epidural steroid injection (CESI) and lumbar injections have been helpful in the past; and he reports greater than 80% overall improvement, including decrease in pain medication requirements and improved mobility, with the CESI. Objective findings included spinal vertebral tenderness noted in the cervical spine C4-7; range of motion was limited and painful with flexion, extension, and rotation; lumbar spasm is noted; tenderness upon palpation in the spinal vertebral area L4-S1 levels; lumbar spine range of motion of the lumbar spine was moderately limited secondary to pain; facet signs were present in the lumbar spine bilaterally; sensory exam shows decreased sensitivity to pinpoint along the L3-4 dermatome in the left lower extremity;

motor exam shows decreased strength in the left lower extremity at the dermatomal level L3-4. The treatment plan has included the request for bilateral L4-S1 medial branch nerve block; and Tramadol 50mg #90. The original utilization review, dated 09-08-2015, non-certified a request for bilateral L4-S1 medial branch nerve block; and modified the request for Tramadol 50mg #90, to Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 medial branch nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Low Back Procedure Summary Online Version last updated 07/17/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS Guidelines states that local injections and facet joint injections of cortisone/lidocaine are of questionable merit. The ODG recommends no more than 1 set of medical branch diagnostic blocks for facet neuropathy, but does not recommend medical branch blocks except as a diagnostic tool. In this case, the claimant has chronic low back pain; however, there is objective evidence of neurologic deficits in the left lower extremity. There is also limited evidence of facet deficits on physical examination that would suggest facet-mediated pain. Therefore, the request for L4-S1 medial branch nerve block is not medically necessary or appropriate.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Tramadol is a centrally acting synthetic opioid indicated for patients with moderate to severe pain. In this case, the patient has been taking Tramadol on a chronic basis without significant improvement in pain relief of function. In addition, there is no documentation of urine drug screens, risk assessment profiling, and attempt at weaning/tapering or updated, signed pain contract as recommended by MTUS Guidelines. Therefore, the request for ongoing Tramadol is not medically necessary or appropriate.