

Case Number:	CM15-0066210		
Date Assigned:	04/14/2015	Date of Injury:	05/08/2014
Decision Date:	06/17/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 26 year old, male who sustained a work related injury on 5/8/14. The diagnoses have included lumbar strain/sprain, lumbar paraspinal muscle spasms, lumbar disc herniations, bilateral sacroiliitis and median branch nerve at L4 and L5. The associated diagnoses are anxiety, depression and sleep disorder. The treatments have included 24 physical therapy treatments, 12 acupuncture treatments, chiropractic treatments and medications. The 2014 MRI of the lumbar spine was noted to show L4-L5 disc bulge, L5-S1 pars defect with mild facet disease. In the Initial Pain Management Consultation dated 12/3/14, the injured worker complains of moderate to severe lower back pain. He has severe lumbar muscle spasms and limited range of motion of the lumbar spine. He states the pain intensity has been increasing over recent weeks. He rates his pain level an 8/10 with flare-ups at 9/10. He has pain that radiates to both legs with numbness and tingling. He notes weakness in legs with prolonged sitting and climbing of stairs. He has pain over both sacroiliac joints suggestive of sacroiliitis that reproduces sharp shooting pain down posterior and lateral aspects of bilateral thighs. Straight leg raises are positive in seated and supine positions. The treatment plan includes a request for authorization of the first medial branch nerve block injection at L4-5. The medications listed are Elavil, Prilosec and meloxicam. The 12/3/2014 UDS was inconsistent with the presence of ethyl alcohol metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

First medial branch nerve block at the L4-5 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Intravenous regional sympathetic blocks (for RSD/CRPS, nerve blocks). Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.2 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar facet blocks can be utilized for the treatment of non radicular lumbar spine or facet etiology when conservative treatments with medications and PT have failed. The records show subjective, objective and radiological findings consistent with a diagnosis of lumbar radiculopathy. The MRI of the lumbar spine was reported to show mild facet disease at L5-S1. The records show an inconsistent UDS with non compliance to medication management. The criteria for first L4-L5 median branch block was not met. The request is not medically necessary.