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| Case Number: | CM15-0069905 | | |
| Date Assigned: | 04/17/2015 | Date of Injury: | 03/07/2014 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 03/23/2015 |
| Priority: | Standard | Application Received: | 04/13/2015 |

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 47-year-old female with an industrial injury dated 03/07/2014. The injured worker diagnoses include lumbar spondylosis, lumbar strain, and contusion of the buttocks and acquired spondylolisthesis. Treatment consisted of prescribed medications, median branch block, home exercise therapy, physical therapy, and periodic follow up visits. The MRI of the lumbar spine showed facet arthropathy, L3-L4 retrolisthesis and bilateral foraminal stenosis at L5-S1. In a progress note dated 3/10/2015, the injured worker reported lumbar pain. Objective findings revealed decreased range of motion of the lumbar spine with pain and tenderness to palpitation over the lumbar facet joints. Patrick and reverse Thomas tests were both positive bilaterally. The treating physician prescribed services for left L3, L4, and L5, neurolysis injection (per 03/10/2015) now under review. The medication listed is Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3, L4, and L5, Neurolysis Injection (per 03/10/2015): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 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 interventional pain injections can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications and PT have failed. The records indicate that the patient completed medications treatments and PT. There is documentation of significant pain relief and functional restoration following lumbar facet blocks. The criteria for left L3, L4, L5 neurolysis injections DOS 3/10/2015 was met. Therefore, this request is medically necessary.