

Case Number:	CM13-0002014		
Date Assigned:	12/11/2013	Date of Injury:	08/15/2011
Decision Date:	01/21/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 43-year-old female with a date of injury of August 15, 2011. The industrial injury includes the regions of the low back and left knee. The diagnoses include lumbar facet arthropathy, lumbar radiculopathy, lumbar disc herniation, left knee medial meniscus tear, and degenerative joint disease. The patient has undergone a lumbar MRI on August 13, 2012 which demonstrated degenerative disc disease, facet arthropathy, canal stenosis, and neuroforaminal narrowing on the left side at L4-5 and L5-S1. The patient has attended physical therapy and received some relief. The patient has had conservative care consisting of epidural steroid injection, medications including tramadol, Pamelor, and topical cream. The current treatment plan includes a request for lumbar medial branch block at the left L5-S1. A utilization review letter dated July 12, 2013 has denied the request for tramadol and medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar medial branch block L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back, facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309,Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 6.

Decision rationale: The Physician Reviewer's decision rationale: In the case of this injured worker, the request for medial branch blocks does not meet the criteria of the official disability guidelines. This patient has clear documentation of lumbar radiculopathy and in fact underwent a lumbar epidural steroid injection which did not help. Furthermore, the ACOEM guidelines do not recommend invasive procedures such as medial branch blocks. Since the ACOEM guidelines are directly adopted into the California Medical Treatment and Utilization Schedule, this guideline takes precedence. This request is recommended for non-certification.

Left lumbar medial branch block L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back, facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-308,Chronic Pain Treatment Guidelines Code of Regulations Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter on Lumbar Spine.

Decision rationale: The Physician Reviewer's decision rationale: In the case of this injured worker, the request for medial branch blocks does not meet the criteria of the official disability guidelines. This patient has clear documentation of lumbar radiculopathy and in fact underwent a lumbar epidural steroid injection which did not help. Furthermore, the ACOEM guidelines do not recommend invasive procedures such as medial branch blocks. Since the ACOEM guidelines are directly adopted into the California Medical Treatment and Utilization Schedule, this guideline takes precedence. This request is recommended for non-certification.

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79,94.

Decision rationale: In the case of this injured worker, there is a lack of documentation of the possibility of aberrant behaviors. This is typically done on opioid risk screening using metrics such as the ORT or SOAPP. Ongoing monitoring include querying the CURES database or possibly performance of urine drug testing at random intervals. Since this information is not documented, the request for tramadol ER is recommended for noncertification.