

Case Number:	CM13-0007884		
Date Assigned:	11/08/2013	Date of Injury:	08/31/2010
Decision Date:	06/03/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/06/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Nevada and 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 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/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:

The patient is a 57 year old male injured on 08/31/10 due to an unspecified mechanism of injury. The patient injured his low back, bilateral hands, and neck. The initial treatments rendered were not discussed in the documentation provided. MRI of the lumbar spine performed on 08/22/00 revealed mild disc degeneration at L1 through L5 with no associated spinal stenosis; mild associated inferior compromise of the right L3-4 foramen, unlikely to be of clinically significant severity. The patient underwent left sided cervical radiofrequency medial branch neurotomy at C3-4, C4-5, and C5-6 facet joints on 06/25/13. Clinical documentation indicates the patient had no change in pain. The clinical note dated 08/19/13 indicates the patient complained of bilateral lumbar and buttock pain, pain present with rest and activity. Objective findings include tenderness over lumbar facet joints bilaterally, exquisite, left greater than right, bilateral lumbar pain with extension/rotation, lower extremity sensory intact, straight leg raise negative, mild antalgic gait noted. Diagnoses include rule out lumbar facet mediated pain and left cervical facet pain improved post-RF. Current medications include Hydrocodone 10/325mg, Soma 350mg, and Zolpidem 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT LUMBAR MEDIAL BRANCH BLOCKS L4: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC), FACET JOINT DIAGNOSTIC BLOCKS (INJECTIONS).

Decision rationale: As noted in the Official Disability Guidelines - Online version, current guidelines indicate facet joint pathology includes tenderness to palpation in the paravertebral areas (over the facet region), normal sensory examination, absence of radicular findings, and a normal straight leg raising exam. The patient meets these criteria in addition to failing previous attempts at conservative measures. As such, the request for bilateral medial branch blocks at L4-L5 and L5-S1 is medically necessary.

LEFT LUMBAR MEDIAL BRANCH BLOCKS L4: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC), FACET JOINT DIAGNOSTIC BLOCKS (INJECTIONS).

Decision rationale: As noted in the Official Disability Guidelines - Online version, current guidelines indicate facet joint pathology includes tenderness to palpation in the paravertebral areas (over the facet region), normal sensory examination, absence of radicular findings, and a normal straight leg raising exam. The patient meets these criteria in addition to failing previous attempts at conservative measures. As such, the request for bilateral medial branch blocks at L4-L5 and L5-S1 is medically necessary.

RIGHT LUMBAR MEDIAL BRANCH BLOCKS L5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC), FACET JOINT DIAGNOSTIC BLOCKS (INJECTIONS).

Decision rationale: As noted in the Official Disability Guidelines - Online version, current guidelines indicate facet joint pathology includes tenderness to palpation in the paravertebral areas (over the facet region), normal sensory examination, absence of radicular findings, and a normal straight leg raising exam. The patient meets these criteria in addition to failing previous attempts at conservative measures. As such, the request for bilateral medial branch blocks at L4-L5 and L5-S1 is medically necessary.

LEFT LUMBAR MEDIAL BRANCH BLOCKS L5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC), FACET JOINT DIAGNOSTIC BLOCKS (INJECTIONS).

Decision rationale: As noted in the Official Disability Guidelines - Online version, current guidelines indicate facet joint pathology includes tenderness to palpation in the paravertebral areas (over the facet region), normal sensory examination, absence of radicular findings, and a normal straight leg raising exam. The patient meets these criteria in addition to failing previous attempts at conservative measures. As such, the request for bilateral medial branch blocks at L4-L5 and L5-S1 is medically necessary.

RIGHT LUMBAR MEDIAL BRANCH BLOCKS S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC), FACET JOINT DIAGNOSTIC BLOCKS (INJECTIONS).

Decision rationale: As noted in the Official Disability Guidelines - Online version, current guidelines indicate facet joint pathology includes tenderness to palpation in the paravertebral areas (over the facet region), normal sensory examination, absence of radicular findings, and a normal straight leg raising exam. The patient meets these criteria in addition to failing previous attempts at conservative measures. As such, the request for bilateral medial branch blocks at L4-L5 and L5-S1 is medically necessary.

LEFT LUMBAR MEDIAL BRANCH BLOCKS S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC), FACET JOINT DIAGNOSTIC BLOCKS (INJECTIONS).

Decision rationale: As noted in the Official Disability Guidelines - Online version, current guidelines indicate facet joint pathology includes tenderness to palpation in the paravertebral areas (over the facet region), normal sensory examination, absence of radicular findings, and a normal straight leg raising exam. The patient meets these criteria in addition to failing previous attempts at conservative measures. As such, the request for bilateral medial branch blocks at L4-L5 and L5-S1 is medically necessary.

OUTPATIENT SURGERY CENTER: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC), FACET JOINT DIAGNOSTIC BLOCKS (INJECTIONS).

Decision rationale: As noted in the Official Disability Guidelines - Online version medial branch blocks must be performed under fluoroscopy requiring utilization of specialized equipment and staff to ensure the safety and health of the patient. As such, the request for Outpatient Surgery Center is medically necessary.

SOMA 350MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the patient is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. As such, the request for Soma 350mg # is not medically necessary.

ZOLPIDEM 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain, Zolpidem (Ambein).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) - ONLINE VERSION, PAIN (CHRONIC), ZOLPIDEM (AMBIEN).

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The patient has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Zolpidem 10mg #30 is not medically necessary.