

Case Number:	CM13-0030646		
Date Assigned:	11/27/2013	Date of Injury:	09/10/2011
Decision Date:	02/26/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/30/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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.

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 continues with back pain rated at a 3/10. She states that her back pain is much greater on the left side as compared to the right. She has had 24 visits of acupuncture and 8 visits of chiropractic treatment in the past. Exam findings indicate decreased range of motion in the lumbar spine. Extension is more limited at 5 degrees because of increased pain. Lower extremity sensation is intact. MRI of the lumbar spine dated 05/01/2013 indicates there is a retrolisthesis at L4-L5 and L5-S1, canal stenosis including L5-S1, mild to moderate, with moderate to severe right and mild left neuroforaminal narrowing. Electrodiagnostic consultation dated 01/17/2013 indicated a normal study. There was no electrodiagnostic evidence of focal nerve entrapment, lumbar radiculopathy, or generalized peripheral neuropathy affecting the lower limbs. [REDACTED] indicates that the denial for the right medial branch block, L4-L5 and L5-S1, is being appealed and states that the medial branch block which was requested was for the left side at L4-L5 and L5-S1. The patient does have abnormalities on physical exam consistent with pain generated from the facet arthropathy. She occasionally has pain down her left anterior thigh. However, most of her pain is in her low back on the left side. The medial branch block is being requested due to the diagnostic properties attributed to the procedure. The Utilization Review letter dated 09/10/2013 indicates denial of Terocin pain relief lotion 4 oz and a denial for medial branch block on the right L4-L5 and L5-S1. However, the request appears to be for the left side medial branch block and the Terocin appears to be in a form of a patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain relief lotion: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient continues with significant left-sided low back pain. It was also noted the patient has occasional radicular symptoms into the anterior left thigh. The patient also takes Elavil to be taken once at night for neuropathic pain. The request was actually not for Terocin lotion but for Terocin patch which is a lidocaine patch. MTUS page 111 to 113 regarding topical analgesics states that lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first line therapy including tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. The patient appears to have symptoms of neuropathic pain with symptoms intermittently in the left anterior thigh. The patient is also taking Elavil 10 mg at night for neuropathic pain. It appears the request for Terocin patch is supported by the guidelines noted above, therefore, authorization is recommended.

medial branch block on the right at L4-L5 and L5-S1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version, Facet joint intra-articular injections (therapeutic blocks) Under study

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The records indicate that the request was appealed and was clarified as being the left side not the right side. The symptoms and the exam findings appear to indicate the patient has pain from the facet arthropathy and has previously undergone conservative therapy including chiropractic and acupuncture treatment. MTUS is silent on medial branch blocks; therefore ODG Guidelines were reviewed. ODG Guidelines for diagnostic medial branch blocks state that they are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally, there is documentation of failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4 to 6 weeks. ODG further states that diagnostic facet blocks should not be performed in patients with whom a surgical procedure is anticipated or who have had previous fusion procedure at the planned injection level. The records appear to indicate that the patient has had failed prior conservative treatments including acupuncture and chiropractic as well as medication management. Records also indicate the patient has minimal radicular symptoms and most of the pain is in the low back. Request for the left-sided L4-L5 and L5-S1 diagnostic medial branch block appears to be reasonable. Therefore, authorization is recommended.