

Case Number:	CM13-0036543		
Date Assigned:	12/13/2013	Date of Injury:	04/05/2001
Decision Date:	02/28/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

The patient is a 64-year-old male who reported an injury on 04/05/2001. The mechanism of injury was not provided in the medical record. The only clinical information provided in the medical record is medical evaluation dated 10/15/2012. There is no recent clinical documentation provided in the medical record for this reviewer to base any necessity for any of the requests, request 1 being for lab work for acetaminophen, hydrocodone, EIA-9, and TSH, and also request for lumbar medial branch block left L3, L4, and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab studies for acetaminophen, hydrocodone, EIA-9, and TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 16th Edition, by D. Kasper, M.D. et.a

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Questdiagnostics.com website

Decision rationale: California MTUS, ACOEM and Official Disability Guidelines do not address specific lab studies. According to this site, the EIA-9 study is monitoring acetaminophen, barbiturates, benzodiazepines, cocaine metabolites, marijuana metabolites,

methadone, opiates, and propoxyphene. The requested TSH level is generally a lab that is used in screening hypothyroidism. There is no clinical documentation provided in the medical records that suggests the patient requires any laboratory testing for any of the medications that will be monitored in the EIA-9 testing and/or that the patient has any medical findings of possible hypothyroidism. As such, the request for lab studies acetaminophen, hydrocodone, EIA-9, and TSH is non-certified.

Lumbar Medial Branch Block Left L3, L4, & L5: 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), Treatment Index, 11th Edition (web), 2013, Low Back -Facet Joint Diagnostic Block

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint medial branch blocks (therapeutic injections)

Decision rationale: Per California MTUS/ACOEM, invasive techniques such as local injections and facet joint injections are of questionable merit. Facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Per Official Disability Guidelines, medial branch blocks are not recommended except as diagnostic tools. There is minimal evidence for treatment. There are no recent objective clinical findings suggestive of exactly what type of pain the patient is having. Per ODG there should be no evidence of radicular pain. There is no clinical information provided to support the medical necessity for a lumbar medial branch block at this time. Therefore, the request for a lumbar medial branch block left L3, L4 and L5 is non-certified.