

Case Number:	CM13-0043726		
Date Assigned:	12/27/2013	Date of Injury:	05/03/2012
Decision Date:	02/24/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/25/2013

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 Neurology, has a subspecialty in Pain Medicine 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 report dated 9/25/13 indicates pain in the cervical spine and lumbar spine. The examination reported no tenderness of the cervical spine or spasm, and full ROM of cervical spine. Strength testing was normal and sensory examination was normal. There was moderate tenderness over the L3-S1 levels. There was positive right and left Kemp's test. There was reduced range of motion (ROM) in lumbar spine for lateral bending, flexion, and extension. There was no evidence of instability reported. Sensory exam and strength in the lower extremities were normal. The assessment was lumbar disc disease and lumbar facet syndrome. The physician requested bilateral L4-S1 medial branch blocks. It reports the claimant has failed conservative treatment including physical therapy, chiropractic care, medication, and home exercise program. Medications were listed as Lipitor, Prozac, Lisinopril, lodopine and aspirin. The claimant is reported to have hypertensive cardiovascular disease, gastroesophageal reflux disease, asthma, obstructive sleep apnea and headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-SI medial branch blocks on 9-25-2013: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Second Edition, chapter 12 Page(3) 300. Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Low back complaints, page(s) 300 Page(s): 300.

Decision rationale: The patient has demonstrated facet mediated pain of the lumbar supported by reduced range of motion and positive Kemp's test (supportive of facet pain origin) with no finding of radiculopathy. The patient has failed other conservative treatment. Diagnostic medial branch blocks of medial branches L4-S1 are supported under MTUS guidelines. If positive diagnostic block, then radiofrequency neurotomy to provide longer term relief may be a consideration.

Urine Drug Screen on 9-25-2013: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation TITLE 8. INDUSTRIAL RELATIONS DIVISION 1. DEPARTMENT OF INDUSTRIAL RELATIONS, CHAPTER 4.5. DIVISION OF WORKER'S COMPENSATIONS, SUBCHAPTER 1 ADMINISTRATIVE DIRECTOR-- ADMINISTRATIVE RULES ARTICLE 5.5.2 MEDICAL TREATMENT UTILIZATION SCHEDULE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, page(s) 43. Page(s): 43.

Decision rationale: Drug testing Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. The medical records reflect request for UDS as part of baseline determination of presence of any illicit substances as part of pain management treatment plan.

Usage of Lipitor 1 x 6: 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 American Association of Clinical Endocrinologists' guidelines for management of dyslipidemia and prevention of atherosclerosis. Jellinger PS, Smith DA, Mehta AE, Ganda O, Handelsman Y, Rodbard HW, Shepherd MD, Seibel JA, AACE Task Force for Management of Dyslipidemia

Decision rationale: The medical records provided for review support medical rationale for condition requiring Lipitor of cardiovascular disease.

Prozac x 6 Modified to partial certification of generic Prozac 10mg x two-month supply:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation TITLE 8. INDUSTRIAL RELATIONS DIVISION 1. DEPARTMENT OF INDUSTRIAL RELATIONS, CHAPTER 4.5. DIVISION OF WORKER'S COMPENSATIONS, SUBCHAPTER 1 ADMINISTRATIVE DIRECTOR-- ADMINISTRATIVE RULES ARTICLE 5.5.2 MEDICAL TREATMENT UTILIZATION SCHEDULE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnosis and treatment of depression in adults: 2012 clinical practice guideline. 2004 Apr (revised 2012 Jun). [REDACTED] - Managed Care Organization.

Decision rationale: The medical records do not detail a psychological condition of depression in support of medical treatment with Prozac.

Lisinopril x 6: 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 American Association of Clinical Endocrinologists' guidelines for management of dyslipidemia and prevention of atherosclerosis. Jellinger PS, Smith DA, Mehta AE, Ganda O, Handelsman Y, Rodbard HW, Shepherd MD, Seibel JA, AACE Task Force for Management of Dyslipidemia

Decision rationale: The medical records provided for review support medical rationale for condition requiring Lisinopril for treatment of cardiovascular disease.