

Case Number:	CM13-0053878		
Date Assigned:	12/30/2013	Date of Injury:	02/20/1990
Decision Date:	03/21/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/18/2013

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 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:

The patient is a 54-year-old injured worker who reported an injury on 02/20/1990. The mechanism of injury was noted to be repetitive motion. She is diagnosed with cervical radiculopathy, lumbar radiculopathy, bilateral shoulder arthralgia, bilateral knee arthralgia, bilateral wrist arthralgia, multilevel cervical bilateral neural foraminal narrowing, canal stenosis, multilevel herniated nucleus pulposus of the cervical spine, multilevel lumbar degenerative disc disease with facet arthropathy, canal stenosis at L4-5 and L5-S1, and multilevel bilateral neural foraminal narrowing at the L3-4, L4-5 and L5-S1 levels. The patient's symptoms are noted to include low back pain with persistent numbness in both of her feet. Her objective findings were noted to include decreased sensation in the right S1 dermatome, as well as decreased motor strength to 4/5 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block, bilateral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, Facet joint diagnostic blocks (injections)

Decision rationale: According to the Official Disability Guidelines facet joint diagnostic blocks may be recommended for patients with facet joint pain signs and symptoms, who have failed conservative treatment including home exercise, physical therapy, and NSAIDS for at least 4 to 6 weeks prior to the procedure, and for patients who have nonradicular low back pain. The clinical information provided for review indicates that the patient has a diagnosis of lumbar radiculopathy and reports radicular symptoms in to her bilateral lower extremities. Additionally, the patient examination findings failed to show evidence of tenderness to palpation over the facet joints in the lower spine. Moreover, the documentation did not show that the patient has or would be participating in conservative treatment including home exercise, physical therapy, and NSAIDS for at least 4 to 6 weeks prior to the procedure. In the absence of facet joint signs and symptoms, and as the patient is noted to have radicular pain, the request is not supported by evidence-based guidelines. The request for a medial branch block, bilateral is not medically necessary and appropriate.

LidoPro topical ointment 4 oz: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. It further states that compounded topical agents including at least 1 drug that is not recommended are not recommended. The guidelines specifically state that topical capsaicin is only recommended for patients with documentation of intolerance or nonresponse to other treatments. The clinical information submitted for review failed to provide such documentation in relationship to the patient's use of topical capsaicin. Additionally, the guidelines state that the only FDA approved formulation of topical Lidocaine is the Lidoderm patch and non-FDA approved agents are not recommended for use. As LidoPro topical ointment is noted to contain capsaicin and Lidocaine, the request is not supported. The request for LidoPro topical ointment 4 oz is not medically necessary and appropriate.

Internal medicine consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medial Examinations and Consultants regarding Refferals, Chapter 7, pg.127

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

Decision rationale: According to the Official Disability Guidelines, office visits with medical doctors are encouraged as they play a critical role in the proper diagnosis and return to function of patients. As the patient is noted to have multiple diagnoses and chronic pain, the request for an internal medicine consult is supported by evidence-based guidelines. The request for internal medicine consultation is medically necessary and appropriate.