MAXIMUS Federal Services

Case Number:	CM13-0057258		
Date Assigned:	12/30/2013	Date of Injury:	09/01/2010
Decision Date:	12/04/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine and 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 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 66 year old with an injury date on 9/1/10. The patient complains of left ankle pain, bilateral knee pain, right greater than left and axial low lumbar pain that does not radiate into bilateral lower extremities per 9/16/13 report. The patient is undergoing Orthovisc injections for her knees per 9/16/13 report. Based on the 9/16/13 progress report provided by [redacted] the diagnoses are lumbago; lumbar degenerative disc disease; lumbar spondylosis; and retrolisthesis L4-L5, Grade I anterolisthesis L5-S1. Exam on 9/16/13 showed "bilateral pain range of motion of knees. Negative straight leg raise. Tenderness to palpation of bilateral L4-5, L5-S1 facet joints." No range of motion testing of lumbar was provided. The patient's treatment history includes medications (Norco, Naproxen, and Terocin patches), Orthovisc injections, acupuncture, and urine drug screen. [redacted] is requesting Terocin pain patch box, bilateral L3-4 medial branch blocks, and L5 dorsal ramus block. The utilization review determination being challenged is dated 11/18/13 and denies L3-4 medial branch block and L5 dorsal ramus block as the Official Disability Guidelines only recommends facet joint medial branch blocks as diagnostic tool. [redacted] is the requesting provider, and he provided treatment reports from 3/6/13 to 1/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain patch box - 10 patches x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine; Salicylate topicals Page(s): 111-113; 105.

Decision rationale: This patient presents with left ankle pain, bilateral knee pain, and lower back pain. The provider has asked for Terocin Pain Patch Box on 9/16/13. Terocin patches are a dermal patch with 4% Lidocaine, and 4% Menthol. MTUS guidelines page 57 states, "topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading Official Disability Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." In this case, the patient presents with non-neuropathic musculoskeletal pain of the knees for which Lidocaine is not indicated. Therefore, this request is not medically necessary.

Bilateral L3-L4 Medial Branch Blocks: 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) - Treatment in Workers' Compensation, Low Back Procedure Summary, Updated 10/9/2013

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 (Online), Diagnostic Facet Blocks

Decision rationale: The provider has asked for Bilateral L3-4 Medial Branch Blocks on 9/16/13. Review of the report shows no history of prior medial branch blocks. Regarding facet diagnostic injections, Official Disability guidelines require non-radicular back pain, a failure of conservative treatment, with no more than 2 levels bilaterally. In this case, the patient shows positive facet joint pain upon physical examination without any radiation of symptoms into the legs. The requested bilateral L3-4 medial branch blocks appear reasonable for patient's ongoing lumbar pain. Therefore, this request is medically necessary.

L5 Dorsal Ramus Block: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Total Dorsal Ramus Block for the Treatment of Chronic Low Back Pain: A Preliminary Study. Joint Bone Spine. 2007 May; 74 (3): 270-4. Epub 2007 Mar 7

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, Section

On Diagnostic Facet Blocks; Section On Facet Joint Intra-Articular Injections (Therapeutic Blocks)

Decision rationale: The provider has asked for L5 Dorsal Ramus Block on 9/16/13. Review of the reports do not show any evidence of a dorsal ramus block being done in the past. Regarding facet diagnostic injections, Official Disability Guidelines require non-radicular back pain, a failure of conservative treatment, with no more than 2 levels bilaterally. In this case, the patient's physical exam was positive for facet joint pain in bilateral L5-S1. The requested L5 dorsal ramus block appears medically reasonable in this case. Therefore, the request is medically necessary.