

Case Number:	CM13-0059367		
Date Assigned:	12/30/2013	Date of Injury:	01/31/2010
Decision Date:	04/10/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/02/2013

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 and is licensed to practice in Texas. 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 59-year-old female who reported an injury on 01/31/2010. The mechanism of injury involved a fall. The patient is diagnosed with cervical disc disease, cervical radiculopathy, status post right shoulder arthroscopy, left shoulder impingement syndrome, lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. The patient was seen by [REDACTED] on 10/18/2013. The patient reported ongoing neck and lower back pain with radiation to bilateral lower extremities. Physical examination revealed diffuse tenderness to palpation, moderate facet tenderness, positive Kemp's testing bilaterally, positive straight leg raising bilaterally, decreased range of motion, intact sensation, and 5/5 motor strength in bilateral lower extremities. Treatment recommendations included lumbar medial branch nerve blocks, trigger point injections, and a prescription for hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L3-L5 MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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 Chapter, Facet Joint Diagnostic Block.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs and symptoms. As per the documentation submitted, there is no evidence of a recent failure of conservative treatment including home exercise, physical therapy, and NSAIDs. Additionally, the patient reports lower back pain with numbness and radiation to bilateral lower extremities. Facet joint injections are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. There is no indication of this patient's active participation in a functional rehabilitation program. Based on the clinical information received, the request is non-certified.

NORCO 2.5/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized opioid medication, dispensed by a different provider. Documentation of objective functional improvement was not provided. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

SIX TRIGGER POINT INJECTIONS INTO THE LUMBAR PARASPINOUS MUSCLES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. As per the documentation submitted, there was no evidence of circumscribed trigger points with a twitch response as well as referred pain. There is also no evidence of a failure to respond to medical management therapy such as ongoing stretching exercise, physical therapy, NSAIDs, and muscle relaxants. Furthermore, California MTUS Guidelines state no more than 3 to 4 injections per session are recommended. Therefore, the current request exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.