

Case Number:	CM13-0060405		
Date Assigned:	12/30/2013	Date of Injury:	12/05/2002
Decision Date:	07/03/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/03/2013

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 & 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 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 injured worker is a 54-year-old male who reported an injury on 12/05/2002. The mechanism of injury was not specifically stated. Current diagnoses include facet arthropathy, status post lumbar fusion at L3-5, chronic pain syndrome, and myofascial pain syndrome. The injured worker was evaluated on 10/08/2013. The injured worker reported persistent lower back pain with radiation into the posterior thigh. Physical examination revealed decreased lumbar range of motion, positive muscle spasm, positive facet loading maneuver, negative straight leg raise, intact sensation, and 5/5 motor strength in the bilateral lower extremities. Treatment recommendations included medial branch blocks at bilateral L5-S1 levels, chiropractic therapy twice per week for 4 weeks, and prescriptions for Norco, Cymbalta, Prilosec, and ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SET OF MEDIAL BRANCH BLOCKS BILATERALLY AT L5-S1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks.

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. There should be documentation of a failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. As per the documentation submitted, the injured worker does demonstrate positive facet loading maneuver at the bilateral L5-S1 facet joints. However, there is no mention of an attempt at conservative treatment for 4 to 6 weeks prior to the procedure. Therefore, the request for 1 set of medial branch blocks bilaterally at L5-S1 is not medically necessary.

8 CHIROPRACTIC/PHYSIOTHERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. Therefore, the current request for 8 chiropractic sessions exceeds guideline recommendations. There is also no specific body part listed in the current request. Therefore, the request for 8 chiropractic/physiotherapy sessions is not medically necessary.

1 PRESCRIPTION OF ORPHENADRINE CITRATE 100MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants (For Pain)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. As per the documentation submitted, the injured worker does demonstrate positive muscle spasm upon physical examination. However, California MTUS Guidelines do not recommend long-term use of this medication. There is also no frequency listed in the current request. Based on the clinical information received and the California MTUS Guidelines, the request for 1 prescription of orphenadrine citrate 100mg #60 is not medically necessary.