

Case Number:	CM14-0101241		
Date Assigned:	07/30/2014	Date of Injury:	05/28/2013
Decision Date:	09/24/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/01/2014

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 Family Medicine and is licensed to practice in Ohio. 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 has a reported date of injury of 5-28-2013. He developed low back pain radiating into the right buttock region while apprehending a suspect in his duties as a police officer. The Injured worker has consistently denied symptoms radiating into either leg. His physical exam has revealed mild tenderness to the spinous processes of the lumbar spine, tenderness of the right paraspinal muscles near the sacroiliac joint, a normal lower extremity neurologic exam, and restricted range of motion of the lumbar spine. He's been treated with physical therapy, anti-inflammatories and opioid pain medication. An MRI scan of the lumbar sacral spine done June 27 of 2013 revealed facet spondylosis at L4-L5 and L5-S1 but did not find spinal canal compromise or neural canal narrowing. It has been proposed that he have another MRI scan of the lumbar spine to see if something wasn't missed with the first exam and that he have a medial branch blocks of the right-sided L4-L5 and L5-S1 facet joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient medical branch block at right L4, L5 and S1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (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 Section>, <Facet Joint Pain, Signs and Symptoms and Facet Joint Injections topics>.

Decision rationale: Suggested indicators of pain related to facet joint pathology include facet loading tests such as reproducible pain with back extension and: Tenderness to palpation in the paravertebral areas (over the facet region); A normal sensory examination; Absence of radicular findings, although pain may radiate below the knee; Normal straight leg raising exam. Medial branch blocks may be considered diagnostically and therapeutically for short and long-term relief of facet medicated pain. In this case, the injured worker does have pain with back extension, a normal sensory exam, normal straight leg raising exam, and a normal sensory examination. Additionally, he has MRI findings consistent with the facet joints as a possible source of his pain. Therefore, outpatient medical branch block at right L4, L5 and S1 are medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: MRI scanning is appropriate for low back pain when there is unequivocal evidence of nerve root compromise by neurologic exam and patient history. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). In this instance, the injured worker does not have unequivocal evidence of nerve compromise and has already had an MRI scan that was done relatively recently. Therefore, MRI of the lumbar spine is not medically necessary.

Norco 10/325 #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the above guidelines, when opioids are used chronically there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be

indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this instance, there is no indication to indicate improved pain or functionality as a result of the opioids, in this case Norco. Therefore, Norco 10/325 #30 is medically unnecessary. The treating physician should consult the guidelines with regard to appropriate weaning algorithms for opioids.