

Case Number:	CM14-0011814		
Date Assigned:	02/21/2014	Date of Injury:	02/08/2001
Decision Date:	06/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/29/2014

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 Physical Medicine & 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 56 year old male with date of injury 2/8/01. The treating physician report dated 12/17/13 indicates that the patient presents with pain affecting the lumbar spine with radiation of pain into the right anterior thigh. The pain is rated a 4-5/10. The current diagnoses are chronic low back pain; facet arthropathy; and chronic pain syndrome. The utilization review report dated 1/21/14 denied the request for Celebrex 200mg #30 and medical branch block of right L4/5 and L5/S1 facet joint based on the MTUS/ODG Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - NSAIDs (non-steroidal anti-inflammatory drugs) Page(.).

Decision rationale: The patient presents with chronic pain affecting the lumbar spine with radiation of pain into the right anterior thigh. The current request is for Celebrex 200mg #30. The treating physician report dated 12/17/13 recommends the continue usage of Celebrex 200mg

#30. The treating physician states, "He states that these medications allow his pain to decrease and increase his function." The MTUS guidelines state that NSAIDS are recommended for the treatment of osteoarthritis. There is no information reported that the patient is suffering from any side effects from this medication. Recommendation is for authorization.

MEDIAL BRANCH BLOCK OF (R) L4-5 AND L5-S1 FACET JOINT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Facet joint diagnostic blocks (injections)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Facet joint diagnostic blocks (injections)

Decision rationale: The patient presents with chronic pain affecting the lumbar spine with radiation of pain into the right anterior thigh. The current request is for Medial Branch Block (MBB) of right L4/5 and L5/S1 facet joint. The treating physician report dated 12/17/13 states; he is still waiting for authorization of a repeat MBB of the right L4/5 and L5/S1 facet joints. He reports he had to discontinue Celebrex secondary to increased bleeding risk associated with this procedure. He states that the day after the injection that he did take his oxycodone. He states this is why the insurance company is denying rhizotomy. There were no reports following the previous medial branch block (MBB) that was performed on 3/15/13 according to the utilization review (UR) report. The UR report goes on to quote that the treater stated following the MBB, "at this point in time the patient has had minimal response to the MBB." The MTUS Guidelines do not address medial branch block injections. The ODG Guidelines have specific criteria for the usage of facet joint diagnostic blocks. This request appears to have occurred as a result of the patient being denied a facet rhizotomy following the MBB on 3/15/13. The ODG guidelines do not support confirmatory blocks and states, "The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself." The UR report states that the patient had minimal response to the 3/15/13 injection. ODG does not support repeating medial branch blocks. Recommendation is for denial.