

Case Number:	CM14-0015266		
Date Assigned:	02/28/2014	Date of Injury:	11/30/2007
Decision Date:	06/27/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/06/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 51-year-old individual was injured in November 2007. The progress note of February 17, 2014 indicates complaints of headaches and sleep difficulties. The medication tramadol is noted. The progress notes indicate pain and spasm into the neck and lumbar spine. The remainder of the note is handwritten and mostly illegible. A psychology assessment was completed December 2013. No specific mechanism of injury is reported. Urine toxicology is completed. Prior evaluations included cardiopulmonary exercise study, echocardiogram, only function testing and cardiac function. The injured worker is noted to be 5'4", 176 pounds. An MRI completed in August 2013 noted multiple level minor disc lesions, multiple level facet arthropathy and some nerve root compromise. Disc desiccation is also reported. There are ongoing complaints of neck and back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BILATERAL L4-S1 MEDIAL BRANCH BLOCKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: When noting the reported mechanism of injury, the date of injury, the multiple treatments rendered and the findings identified with the most recent MRI presented for review, there is insufficient clinical data to suggest the need for facet joint blocks based on American College of Occupational and Environmental Medicine (ACOEM) guidelines. The request cannot be considered medically necessary due to insufficient clinical data.

1 URINE TOXICOLOGY SCREENING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: CA MTUS p 78. 4) On-going management (e.) criteria f.

Decision rationale: This is an individual who has undergone numerous urine drug screen reviews. When considering the medications prescribed and the current clinical evaluation, there is no indication of abuse, illicit substance use, or any other parameter needed to be assessed via the study. There does not appear to be in the issue listed abuse addiction or misuse of the medications prescribed. As such, based on the records presented and Chronic Pain Medical Treatment Guidelines, this request is not clinically indicated.

1 CLEARANCE BY TREATING PHYSICIAN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), CA MTUS reference ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page127

Decision rationale: The primary treating provider completes a routine comprehensive evaluation as necessary to address the issues. It is not clear from the progress notes with what this request is addressing. Therefore, based on this lack of specificity in the limited clinical information presented and American College of Occupational and Environmental Medicine (ACOEM) guidelines, there is insufficient data presented to support this request as medically necessary.