

Case Number:	CM14-0116424		
Date Assigned:	08/04/2014	Date of Injury:	08/13/1985
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/24/2014

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 and 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 61 year-old individual was reportedly injured on August 13, 1985. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 15, 2014, indicates that there are ongoing complaints of low back and bilateral leg pain. It is noted that the pain is worsening, it is not controlled by the Suboxone, and the injured employee wants to return to Dilaudid and Percocet. The physical examination demonstrated a 5'9", 171 pound individual who is borderline hypertensive (138/90). An antalgic gait pattern is noted, a cane is required for ambulation, and no other pertinent positive findings are reported. Diagnostic imaging studies were not presented for review. Previous treatment includes homeopathic care, narcotic medications, surgical intervention, TENS, psychological counseling and acupuncture. A request had been made for nerve blocks and Suboxone and was not certified in the pre-authorization process on July 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L3-4 AND L4-5 SELECTIVE NERVE BLOCKS UNDER FLUOROSCOPY X3: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: When noting the most current medical record reviewed, it was outline that the medication would be discontinued, and that an MRI would be sought. As such, there is no objectification of any specific pathology at this time that would warrant such an injection. As such, this is not medically necessary based on the records presented for review.

SUBOXONE 8-2MG FILM SUBLINGUAL #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8. Effective July 18, 2009. p 26. Buprenorphine Page(s): 26.

Decision rationale: The most recent progress note dated July 15, 2014 indicates that this medication is going to be discontinued. Furthermore, the same progress note indicated from the injured employee that this medication no longer demonstrated any efficacy. As such, there is no clinical indication outline the medical necessity of this medication.