MAXIMUS Federal Services

Case Number:	CM14-0126140		
Date Assigned:	08/13/2014	Date of Injury:	10/23/2012
Decision Date:	09/16/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/08/2014

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 57-year-old male was reportedly injured on October 23, 2012. The mechanism of injury is noted as repetitive lifting and twisting. The most recent progress note, dated April 14, 2014, indicates that there are ongoing complaints of neck pain, mid back pain, and low back pain. Current medications were stated to include Zanaflex, Restoril, and Tylenol #4. No focused physical examination was performed. Diagnostic imaging studies of the lumbar spine indicated a disc protrusions at L2-L3, L4-L5, and L5-S1 with mild disc degeneration at L3-L4. Previous treatment includes physical therapy. A request had been made for diagnostic differential bilateral L3 and median branch nerve blocks, Medrox patches, and six visits of chiropractic physiotherapy and was not certified in the pre-authorization process on July 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic differential bilateral L3 and Median Branch Nerve Blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Low Back Facet Joint.

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, Lumbar and Thoracic, Facet Joint Diagnostic Blocks, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines, the criteria for diagnostic medial branch blocks includes documentation of failure of conservative treatment to include home exercise, physical therapy, and anti-inflammatory medications. The attached medical record does not indicate that the injured employee has failed to improve with these conservative methods. As such, this request for diagnostic differential bilateral L3 and median branch nerve blocks are not medically necessary.

20 Medrox Patches 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Medrox ointment is a topical analgesic ointment containing Methyl Salicylate20.00%, Menthol5.00%, and Capsaicin 0.0375%. The MTUS notes that topical analgesics are largely experimental and there have been few randomized controlled trials. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the clinical documentation provided, there is no documentation that a previous trial of oral antidepressant or anticonvulsant has been attempted nor was there evidence of a radiculopathy on physical examination. As such, this request for Medrox patches is not medically necessary.

6 Chiropractor Physiotherapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The California MTUS guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks is supported. After review of the available medical records, there is no documentation of the efficacy of the recently completed trial of physical therapy. Without this information alternative optional treatments cannot be justified. As such, this request for six chiropractic physiotherapy visits is not medically necessary.