

Case Number:	CM14-0136683		
Date Assigned:	09/03/2014	Date of Injury:	12/31/2012
Decision Date:	09/30/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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 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:

This is a 56-year-old gentleman with a date of injury of 12/31/12. Mechanism of injury was a fall while lifting a heavy case of soda. The patient had immediate low back pain and then developed low back pain with left leg radicular symptoms. He also had associated numbness, tingling and weakness at the left leg. He had initial conservative care, including PT, chiro, and acupuncture. An EMG was done on 1/29/14, and reportedly showed a left L5 lumbar radiculopathy. MRI was done on 3/07/14 and shows multilevel mild DDD and a substantial amount of epidural lipomatosis contributing to stenosis. There was facet hypertrophy as well. There is also bilateral foraminal stenosis. The patient had an TFESI with significant relief for 3 weeks, but with recurrence of symptoms. The patient was referred to a spine surgeon for refractory symptoms. Surgery was recommended, but the patient wants to hold on that for now. On 7/29/14 follow-up, it is stated that he has not tried MBB. He still has back pain that radiates to the left leg. Exam on that date shows findings consistent with both facet mediated pain and radiculopathy. Recent lab tests have been done, including BUN/Cr/LFT on 6/03/14, which were normal, and UDS on 7/29/14, which was negative. This was submitted to Utilization Review with an adverse decision rendered on 8/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical branch blocks L3-4, L4-5, L5-S1 and S1-S2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections).

Decision rationale: Guidelines support the use of diagnostic medial branch blocks in patients who have low back pain that is non-radicular following 4-6 weeks of failed conservative care. In this case, the patient has clear symptoms, exam findings and diagnostic imaging/electrodiagnostics that support the diagnosis of lumbar radiculopathy. Medial branch blocks at bilateral L3-4, L4-5, L5-S1, and S1-S2 is not recommended for certification.

BUN/Creatinine - Hepatic Functional Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Practice Standard of Care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Merck Manual, Professional Edition; Online.

Decision rationale: ACOEM Guidelines, the CA MTUS and ODG do not elaborate on these lab tests. Therefore consider standard of care reference, The Merck Manual. BUN/Cr is a blood test that assesses renal function. A Hepatic Function Panel, as the name implies, assesses liver function. Both the liver and the kidneys may be affected by chronic disease, but can also be affected by use of medications. In this case, the patient is on multiple chronic medications, however, had these tests recently done on 6/03/14. They were normal, and there is no clear indication for repeating the lab tests so soon. Medical necessity of BUN/Cr and Hepatic Function Panel is not medically necessary.