MAXIMUS Federal Services

Case Number:	CM14-0035442		
Date Assigned:	06/23/2014	Date of Injury:	07/11/2012
Decision Date:	07/24/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/21/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 55 year old male injured on 07/11/12 sustaining injuries to the head, neck, low back, and left shoulder as a result of a fall at work. The injured worker was hospitalized for an L1 transverse process fracture and an L1 compression fracture with retropulsion of fragment into the canal. The injured worker was treated with a TSO brace and front wheel walker and was provided narcotic medications including Percocet. Outpatient treatment consisted of medications, acupuncture, and physical therapy. MRI of the lumbar spine performed on 07/20/12 was compression deformity of L1 body without marrow edema, suggestive of a healed compression fracture with minimal retrolisthesis of L1 on L2. There was 7 x 5 x 12mm sequestered disc in the ventral epidural space at the level of mid L5, minimal neuroforaminal stenosis, as well as broad based disc bulges at L1-2 through L4-5 with mild canal and neuroforaminal stenosis. X-ray of the lumbar spine performed on 01/15/13 described moderate compression deformity of L1 with concavity of the superior end plate with marked loss of disc space at T12-L1 and grade 1 retrolisthesis of L1 on L2 which increased on extension by 2mm and decreased on flexion by a similar amount. The injured worker continued conservative treatment including medications, physical therapy, a TENS unit, and a home exercise program. The injured worker underwent a left shoulder arthroscopy in July of 2013 which included biceps tenotomy and an acromioclavicular joint (AC) resection, rotator cuff repair. Following the shoulder surgery, the injured worker underwent physical therapy for 6 sessions, continued on the medications Flexeril, Gabapentin, Topamax, and Dilaudid. EMG/NCV of the lumbar spine and bilateral lower extremities was performed on 12/20/13 and was reported to show no evidence of radiculopathy or plexopathy or peripheral neuropathy. The most recent clinical note dated 05/15/14. Diagnoses, arthroscopy surgery of the left shoulder on 07/23/13 (biceps tendinosis, rotator cuff repair, AC joint resection, and subacromial decompression), concussion,

compression fracture of the lumbar spine. The date on the progress date was 05/07/14 and there was no physical examination on that date. In the progress note dated 05/08/14, the injured worker stated that he is actually doing much better. His average pain over the last 30 days has been 2-3/10 on the visual analog scale. The injured worker has been exercising more, his medications have been helpful. The acupuncture treatments have helped his headaches as well. Physical examination on that date is very limited. The injured worker had good strength to both lower extremities. He demonstrated normal gait and stance. A report dated 02/03/14 lumbar spine examination revealed mild tenderness over the L5 area. Pin point tenderness over the facet joints on the right lower lumbar area, negative straight leg raise. Flexion to 90 degrees. Extension to 10 degrees. Left and right lateral bending 15 degrees. Neurologic examination was remarkable for giveaway 3/5 weakness in the lower extremities. Physical examination on 04/03/2014, lumbar range of motion, flexion 48 degrees, extension 16 degrees, right bending, 34 degrees, left bending 27 degrees. Provocative facet tests were negative. Prior utilization review on 02/25/14 for Norco 5/325mg was modified and right L3, L4, and L5 dorsal medial branch blocks were non-certified. The request is for Norco 5/325mg 1-2 at night as needed and a right L3, L4, and L5 dorsal medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3, L4, L5 dorsal medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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, Facet joint medial branch blocks (therapeutic injections).

Decision rationale: The clinical documentation does not support the request. Physical examination on 04/03/2014, lumbar range of motion, flexion 48 degrees, extension 16 degrees, right bending, 34 degrees, left bending 27 degrees. Provocative facet tests were negative. Therefore medical necessity has not been established. Per ODG, the request for right L3, L4, and L5 dorsal medial branch block is not medically necessary.

Norco 5/325mg 1 to 2 at night as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request did not specify an amount, and the clinical documentation did not support the request. His average pain over the last 30 days has been 2-3/10 on the visual

analog scale (VAS). Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. Per MTUS guidelines, the request for Norco 5/325 1-2 at night as needed is not medically necessary.