

Case Number:	CM14-0060310		
Date Assigned:	07/09/2014	Date of Injury:	10/05/2011
Decision Date:	09/11/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/01/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 43-year-old female who reported an injury on 11/05/2011. The mechanism of injury was not provided. On 05/12/2014, the injured worker presented with complaints of low back, neck, and shoulder pain. Upon examination of the lumbar spine, there was tenderness at the facet joint with decreased flexion, decreased extension, and decreased lateral bending. There was tenderness to the bilateral sacroiliac joint. The diagnoses were lumbago, low back pain, cervical pain, cervicgia and right shoulder region. The provider recommended a lumbar medial branch blocks from L3-S1 and Duragesic patches, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medial branch blocks, L3-S1 lumbar spine, per 4/3/14 form, Quantity one (1):
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 Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Block.

Decision rationale: The request for a lumbar medial block L3-4, lumbar spine, per 04/13/2014 quantity of 1 is non-certified. The California MTUS/ACOEM Guidelines state diagnostic studies or therapeutic may have benefited an injured worker presenting in the transitional phase between acute and chronic pain. Official Disability Guidelines further state that the criteria for use of a diagnostic block is limited to injured workers with pain that is nonradicular, no more than 2 joint levels are injected in 1 session, and failure of conservative treatment to include home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The provider noted lumbar spine tenderness; however, it was not specific over the L3-S1 region. There is absence of sensory examination and evidence of a straight leg raise. The provider's request for a medial branch block from the L3-S1 exceed the recommendations of the guidelines which state no more than 2 facet joint levels should be injected 1 session. The provider's request did not indicate the side that he requested for the medial branch block. As such, the request is non-certified.

Duragesic 25 mcg / hr patch, per 4/3//14, Quantity 15: 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 Opioids, Criteria for use, page(s) 78 Page(s): 78.

Decision rationale: The request for Duragesic 25 mcg an hour patch per 05/03/2014 quantity 15 is non-certified. The California MTUS recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the provider does not indicate the site that the Duragesic patch was indicated for in the request as submitted. As such, the request is non-certified.