

Case Number:	CM14-0061136		
Date Assigned:	07/11/2014	Date of Injury:	01/29/2010
Decision Date:	09/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/02/2014

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 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:

The patient is 54-year-old female who has submitted a claim for lumbar radiculitis, cervical radiculitis, myofascial pain syndrome, chronic pain syndrome, facet arthropathy, acute and chronic low back pain associated from an industrial injury date of January 29, 2010. Medical records from 2013-2014 were reviewed, the latest of which dated April 9, 2014 revealed that the patient rates her pain at 6-7/10. She has been having increased sharp pain in the neck extending to the left side. She has also been having a dull ache to the left side of her head. She has a burning pain extending down the left arm to the elbow with numbness into the hand and all of the fingers. She states that medications help decrease her pain and increase her function. On physical examination, the patient has an antalgic gait with the use of single point cane. There is limitation in range of motion in all planes of the cervical and lumbar spine. There is tenderness noted along the cervical and lumbar paravertebral musculature. There is positive straight leg raise bilaterally with radiation to the calf, left greater than right. There is positive facet loading, right greater than left, L4-5 and L5-S1. There is decreased sensation on the left L4-S1 and left C7-C8 dermatomes. Motor strength is 4+/5 in all the extremities. Treatment to date has included physical therapy, aqua therapy, chiropractic treatment, and medications, which include Percocet, Gabapentin, Cymbalta, Topamax, Robaxin, Oxycodone and Nortriptyline. Utilization review from April 8, 2014 denied the request for Nortriptyline because the efficacy and safety of tricyclic antidepressants for chronic pain is not established and the patient's psychiatric evaluation was not provided; denied the request for chiropractic/physiotherapy 1 x 8 because the patient has had multiple previous episodes of chiropractic treatment without evidence of functional improvement; and denied the request for Medial branch block-bilateral L5-S1 because the patient has radicular pain and is not a candidate for either diagnostic or therapeutic medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-14.

Decision rationale: As stated on page 13-14 of CA MTUS Chronic Pain Medical Treatment Guidelines, tricyclic antidepressants, such as amitriptyline and nortriptyline, are recommended as a first-line option for neuropathic pain, especially if pain is accompanied by insomnia, anxiety, or depression. In addition, assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The patient has been on Nortriptyline since March 2013. In the most recent clinical evaluation, the patient still complains of neck and low back pain. A sleep study report dated May 28, 2014 documents moderate sleep maintenance insomnia, abnormal sleep architecture and excessive daytime sleepiness. There is no documented pain relief, functional improvement, decrease in use of analgesics and improvement of sleep quality. The medical necessity for nortriptyline was not established. Furthermore, the amount to be dispensed and dosage were not specified. Therefore, the request for Nortriptyline is not medically necessary.

Additional chiropractic/physiotherapy 1 x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: As stated on page 58 of the CA MTUS Chronic Pain Medical Treatment Guidelines, manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. With evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. In this case, additional chiropractic/physiotherapy once a week for eight weeks to the lumbar spine was requested for functional improvement and decrease pain. The patient has had previous chiropractic treatment; however, the total number of treatment received is unknown due to lack of documentation. Also, pain relief and functional improvements were not documented. Therefore, the request for additional chiropractic/physiotherapy once a week for eight weeks is not medically necessary.

Medial branch block-bilateral L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low back chapter diagnosis medial branch blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: As stated on page 300 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, facet injections for non-radicular facet mediated pain is guideline recommended. In addition, the Official Disability Guidelines states that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. In this case, the medial branch block was requested for the back pain complaints. The patient complains of pain despite medications, physical therapy, and chiropractic therapy. The most recent clinical evaluation revealed tenderness noted along the lumbar paravertebral musculature, positive straight leg raise bilaterally with radiation to the calf, positive facet loading, and decreased sensation on the left L4-S1 dermatomes. Clinical manifestations were not consistent with facet-mediated type of pain. Furthermore, guidelines do not recommend medial branch block in patients with radicular pain. The medical necessity for a medial branch block was not established. Therefore, the request for medial branch block-bilateral L5-S1 is not medically necessary.