

Case Number:	CM14-0063956		
Date Assigned:	07/11/2014	Date of Injury:	10/17/2012
Decision Date:	09/19/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/06/2014

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 Texas and Ohio. 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 who reported an injury on 10/17/2012. The mechanism of injury was the injured worker was monitoring parolees that required him to run and physically struggle with combative parolees. The injured worker's diagnosis is cervical trapezial musculoligamentous sprain and strain secondary to cerebrovascular accident, lumbar sprain/strain with left lower extremity radiculitis, and possible early diffuse idiopathic skeletal hyperostosis. Diagnostic studies were noted to include an unofficial MRI of the lumbar spine that was performed on 05/30/2013, but stated that the pacemaker was placed appropriately. There is an unofficial MRI of the lumbar spine performed on 11/27/2013 that noted multifacet arthroplasty; at L5-S1, there was a 3 mm circumferential disc protrusion resulting in abutment of the exiting right and left L5 roots; at L4-5, there was a 3 mm biforaminal disc protrusion with abutment exiting the right and left L4; at L3-4, there was a 3 mm right paracentral and right foraminal disc protrusion. No surgical history is documented in the medical record. Other therapies have included epidural steroid injections, neuropsychological visits, and pain management sessions. The clinical note dated 04/03/2014 states that the MRI dated 11/27/2013 describes desiccation or small disc bulges from L1-2 to L5-S1. The clinical note dated 04/03/2014 states exam of the lumbar spine reveals tenderness to palpation over the bilateral paraspinal musculature and lumbosacral junction. Straight leg raise is positive on the left. Active range of motion noted flexion at 32 degrees with pain, extension at 75 degrees, right side bending at 14 degrees, and left side bending at 16 degrees. The request is requesting bilateral L4-S1 medial branch blocks, decision for the purchase of a TENS unit, and a urinary drug screen. The RFA (request for authorization) was received dated 02/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 Medial Branch Blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Spine 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 Chapter, Diagnostic facet injections.

Decision rationale: The Official Disability Guidelines recommend medial branch blocks for injured workers with facet mediated pain after failure of conservative care. The injured worker has facet pain on the physical exam. The lower extremity reflexes are 2+. Muscle strength is 5/5. As such, the request is medically necessary.

TENS Unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 117-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The California MTUS states that a trial of the TENS unit with documentation of the results and should not be the primary treatment. The clinical does not document a trail of the Tens unit and the efficacy of the use of the Tens unit. As such, the request is not medically necessary.

Urinary Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing Page(s): 43.

Decision rationale: The California MTUS states drug testing is recommend as an option to assess the presence of illegal drugs. The injured worker is taking Plavix and Atenolol for his heart condition. There is a lack of current medications to support the need for a UDS. As such, the request is not medically necessary.