

Case Number:	CM14-0065569		
Date Assigned:	07/11/2014	Date of Injury:	05/28/2012
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/08/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 28, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated May 1, 2014, the claims administrator denied a request for multilevel medial branch blocks and concurrently denied a request for vitamin D. The applicant's attorney subsequently appealed. In a progress note dated September 9, 2013, the applicant presented with complaints of right shoulder, low back, and rib pain. The applicant was on Opana, Norco, and Neurontin. The applicant was described as permanently off of work. In a June 12, 2014, progress note, authorization was sought for bilateral L3 through L5 medial branch blocks and the applicant was again given prescriptions for Opana, Norco, Neurontin, Motrin, Prilosec, and vitamin D. The applicant stated that he could do nothing except lying in bed without his pain medications. The applicant was asked to consider the medial branch blocks in question as a precursor to pursuit of radial frequency ablation procedures. It was stated that the applicant was not a candidate for kyphoplasty for lumbar compression fractures. It was stated that the applicant was again instructed to remain "permanently off of work."

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, L5 medial branch blocks for diagnostic purposes of facetogenic pain:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12-8,309 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, facet joint injections, in which the medial blocks at issue are a subset, are deemed "not recommended." While ACOEM Chapter 12, page 301 does establish some limited role for medial branch blocks as a precursor to pursuit of possible facet neurotomy procedures, in this case, however, there is considerable lack of diagnostic clarity. The applicant has been given a diagnosis of low back pain secondary to lumbar compression fractures, it was suggested in one section of the report. The applicant's ongoing usage of gabapentin, conversely, suggests some radicular component to the applicant's low back pain complaints. There was no clear statement of how the attending provider arrived upon the suspected diagnosis of facetogenic pain here. Therefore, the request is not indicated both owing to the considerable lack of diagnostic clarity here as well as owing to the unfavorable ACOEM position on the procedure in question.

Vitamin D 5000 mg, 1 daily, #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Vitamins section.

Decision rationale: The MTUS does not address the topic of vitamins. However, as noted in the Third Edition ACOEM Guidelines, vitamins are not recommended in the treatment of chronic pain if documented deficiencies or other nutritional deficit states are not present. In this case, there is no evidence that the applicant has a bona fide vitamin D deficiency. It was not stated why or for what purpose the vitamin D was being endorsed. Therefore, the request is not medically necessary.