

Case Number:	CM14-0066823		
Date Assigned:	07/11/2014	Date of Injury:	04/14/2010
Decision Date:	09/16/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/12/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 34-year-old gentleman was reportedly injured on April 14, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 28, 2014, indicates that there are ongoing complaints of neck pain, bilateral arm pain, back pain, and leg pain. The physical examination demonstrated ambulation with the assistance of a cane. There was tenderness along the lumbar spine paravertebral muscles with spasms and decreased lumbar spine range of motion secondary to pain. There was a normal lower extremity neurological examination. Diagnostic imaging flexion extension radiographs indicate a fusion in progress at L5 - S1. Nerve conduction studies indicate a chronic L5 - S1 nerve change with neuropathic pain. An MRI of the cervical spine reveals disc protrusions at C5 - C6 and C6 - C7 impinging the thecal sac. There was also a disc bulge at C4 - C5. Previous treatment includes physical therapy, epidural steroid injections, a median branch block, oral medications, and activity modification as well as a lumbar spine disc replacement at L4 - L5. A CT of the lumbar spine indicates that the implant at L4 - L5 is in good position and there is not a complete fusion present at L5 - S1. A request had been made for median branch blocks at L3 - L4, L4 - L5, and L5 - S1 and Norco and was not certified in the pre-authorization process on May 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch blocks at L3-4, L4-L5 and L5-S1 with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Spine: Criteria for the use of diagnostic blocks for facet "mediated" pain.

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 - Lumbar and Thoracic, Facet Joint Diagnostic Blocks, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines the criteria for diagnostic medial branch blocks includes that no more than two facet joint levels be injected at one session. Additionally, although there appears to be a pseudofusion at the L5 - S-1 level, facet blocks should not be performed in any individuals who have had a previous fusion at the level plan for injection. For these reasons, this request for medial branch blocks at L3 - L4, L4 - L5, and L5 - S1 is not medically necessary.

Norco 10/325 mg #180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88,91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.