

Case Number:	CM14-0081099		
Date Assigned:	07/18/2014	Date of Injury:	08/14/2001
Decision Date:	09/17/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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:

This is a 51-year-old male patient with an 8/14/01 date of injury. A progress report dated on 7/9/14 indicated that the patient complained of lower back pain. The patient had previous medial branch block on 6/5/13, with more than 70% pain relief for over 10 months. A 12/10/13 progress note indicated that the patient had multiple sessions of physical therapy treatment with minimal effect. He continued home stretching exercises. A lumbar MRI on 10/29/01 showed mild L4-5 disc degeneration with a disc bulge centrally, contacting the emerging L5 roots bilaterally. Diagnostic Impression: Bilateral lumbar facet pain. Treatment to date: medication management. According to a progress report dated 5/7/14, Hydrocodone was not helping to manage the pain. He also had physical therapy and previous radiofrequency ablation. There is documentation of a previous 5/20/14 adverse determination. Medial branch block at L4-5 and L5-S1 was not certified based on the fact that there was no documentation of a failed trial of home exercises or physical therapy. Norco was modified from #150 to #120, to attempt a weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial branch block at L4-L5 facet joints QTY: 2: 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 (ODG): Therapeutic Injections, Work Loss Data Institute, ODG, Treatment in Workers'

Compensation, 5th edition, 2007; ODG: Back- Lumbar and Thoracic (Acute and Chronic) Facet Joint Medial Branch Blocks (therapeutic injections); ODG: Diagnostic Blocks.

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-Medial Branch Blocks).

Decision rationale: ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. The patient presented with the pain in his lower back. There was noted that the patient had previous radiofrequency ablation with more than 70% pain relief for over 10 months. He had functional improvement and gains in his activities of daily living. It was also noted that the patient had physical therapy treatment and medication management, with minimal relief. Since this patient already had a successful rhizotomy at this level, it is unclear why repeat diagnostic medial branch blocks are being requested. Therefore, the request for Bilateral Medial branch block at L4-L5 facet joints quantity: 2, was not medically necessary.

Bilateral medial branch blocks at L5-S1 facet joints QTY: 2: 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 (ODG): Therapeutic Injections, Work Loss Data Institute, ODG, Treatment in Workers' Compensation, 5th edition, 2007; ODG: Back- Lumbar and Thoracic (Acute and Chronic) Facet Joint Medial Branch Blocks (therapeutic injections); ODG: Diagnostic Blocks.

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-Medial Branch Blocks).

Decision rationale: ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. The patient presented with the pain in his lower back. There was noted that the patient had a previous radiofrequency ablation with more than 70% pain relief. There was also noted that the patient had physical therapy treatment and medication management, with minimal relief. Since this patient has already had a successful radiofrequency ablation at this level, it is unclear why repeat diagnostic medial branch blocks are being requested. Therefore, the request for Bilateral medial branch blocks at L5-S1 facet joints quantity: 2, was not medically necessary.

Retrospective dates of service 5/7/14, Norco 10/325mg QTY: 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient presented with the pain in his lower back. However, there was documentation dated on 5/7/14 that indicated that Hydrocodone was not helping with pain management. In addition, it was not clear how long the patient was taking opioid medication. There was no urine drug screen test available, to approve the patient's proper use of medication. In addition, in the previous UR decision noted that the request was modified from Norco #150 to #120 to attempt weaning process. Therefore, the request for Retrospective dates of service 5/7/14, Norco 10/325mg QTY: 150, as submitted, was not medically necessary.