

Case Number:	CM14-0172890		
Date Assigned:	10/23/2014	Date of Injury:	09/25/2006
Decision Date:	01/14/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/20/2014

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 Emergency 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:

Patient with reported date of injury on 9/25/2006. Mechanism of injury is from being "bumped up and down" while driving a truck. Patient has a diagnosis of lumbar facet hypertrophy, lumbar sprain/strain, lumbar radiculitis and kinesophobia. Medical reports reviewed. Only report available is dated 9/9/14. Patient complains of low back pain and bilateral buttock pain. Pain radiates down both legs. Patient noted pins and needles sensation. No weakness. Objective exam reveals normal heel-toe with some difficulty with heel clearance. Able to tandem walk. Tenderness to lumbar paraspinals. Range of motion is decreased mostly with flexion and extension. Straight leg raise is negative. Sensory and motor exam is normal. Patient appears to have been under a care of a provider that is retiring. The report is from the new provider. Magnetic resonance imaging (MRI) was requested as an "update" since last MRI was from 2011. Blocks were requested for potential radio frequency ablation. Nortriptyline was added on for neuropathic pain. Provider's note mentions that prior MRI from October 2011 showed stable posterior herniated disc at L5-S1 with mild displacement of L S1 root. Multilevel herniated disc bulges at L5. MRI of lumbar spine was reportedly done in 2011 and EMG/NCV in 2010. Patient has had reported physical therapy in the past. Only medication noted is Advil. Independent Medical Review is for Lumbar medial branch block at L3-4 and L4-5; MRI of lumbar spine and "Nortriptyline". Prior UR on 9/24/14 recommended non-certification. It approved Meloxicam and Lyrica prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medial branch block at L3-L4 and L4-L5: 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: 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-Lumbar and Thoracic, Facet Joint diagnostic blocks(injections)

Decision rationale: As per American College of Occupational and Environmental Medicine (ACOEM) Guidelines, medial branch blocks may be considered for diagnostics purpose in preparation for cervical neurotomies. The evidence to support neurotomies in lumbar region is poor. Official Disability Guidelines (ODG) was reviewed for more specific criteria. Patient does not meet criteria for recommend medial branch blocks. ODG criteria is procedure is limited to patient with low back pain that is non-radicular and no more than 2 levels bilaterally. As per UR report, patient had last requested services in 2013 and was only on Advil for pain control. The documentation fails to find any rationale or reasoning for sudden change in patient's chronic condition that was being managed with Advil alone. Patient has also not been on appropriate conservative medications and has no documented home exercise routine or other treatments. Due to poor evidence to support lumbar neurotomy as per ACOEM and not meeting ODG guidelines, medial branch blocks L3-4 and L4-5 bilaterally is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Spine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

Decision rationale: As per American College of Occupational and Environmental Medicine (ACOEM) Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is noted new neurologic dysfunction. Patient's pain is chronic. An "update" of magnetic resonance imaging (MRI) without any change in symptoms would lead to risk of false positive or irrelevant findings. MRI of lumbar spine is not medically necessary.

Nortriptyline: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-15.

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

Decision rationale: Pamelor is Nortriptyline, is an Amitriptyline antidepressant. Amitriptylines are recommended as first line treatment for chronic neuropathic pains unless there is side effects or is not effective. These class of medications have very low threshold for toxicity and close monitoring must be considered. There is no appropriate documentation of why Lyrica and Nortriptyline trials are being started at the same time. Such trials would be invalid since it would be impossible to determine which medication caused the improvement or side effect. As per California MTUS Guidelines, a trial requires monitoring of good outcome to determine if medication should be continued or switched to another first line agent. Since Lyrica was approved by UR, a trial of Lyrica should be evaluated first before adding on Nortriptyline. I was also not able to find a dosage of this prescription anywhere on the provided medical records sent for review. Without that information, this is considered an incomplete prescription request since I cannot determine appropriateness of dosage. Without appropriate prescription and diagnostic/therapeutic confusion when started alongside Lyrica, Nortriptyline is not medically necessary.