

Case Number:	CM14-0188157		
Date Assigned:	11/18/2014	Date of Injury:	12/26/2013
Decision Date:	01/07/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/12/2014

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 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 December 26, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; epidural steroid injection therapy; transfer of care to and from various providers in various specialties; unspecified amounts of manipulative therapy over the course of the claim; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated November 10, 2014, the claims administrator failed to approve a request for lumbar medial branch blocks, possible facet injections thereafter, a topical compounded cream, and a lumbar cold pack. The claims administrator stated that its decision was based on a September 16, 2014 office visit and October 25, 2014 RFA form. The claims administrator alluded to the applicant's having undergone earlier lumbar epidural steroid injection therapy on April 15, 2014. The applicant did have superimposed issues with depression, anxiety, and irritability, the utilization reviewer noted. In a pain management consultation dated September 16, 2014, the applicant reported ongoing complaints of low back radiating into the right leg. The applicant had not benefited from epidural steroid injection, physical therapy, aquatic therapy, Soma, heat, ice, or Vicodin, it was acknowledged. The applicant stated that she felt hopeless and was having difficulty performing even basic activities of daily living such as lifting, pushing, pulling, carrying, sleeping, sitting, and driving. 9/10 pain was noted. The applicant had become depressed, it was acknowledged. The applicant was originally employed as a baker at Safeway, it was noted. The applicant exhibited diminished right lower extremity strength ranging from 3-4/5. Norco, Zanaflex, medial branch blocks, and facet blocks were sought, along with a topical compounded cream. The applicant's work status was not clearly stated.

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 L4-5 and S1 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation ODG

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, of which the lumbar medial branch at issue are a subset, are deemed "not recommended." While ACOEM Chapter 12, page 301 does establish a limited role for diagnostic medial branch blocks as a precursor to facet neurotomy procedures, the overall ACOEM position on facet joint injections, as a class, is "not recommended," per Chapter 12, Table 12-8, page 309. In this case, it is further noted that there is considerable lack of diagnostic clarity present here. The applicant has ongoing complaints of low back pain radiating into the right leg, suggestive of an active lumbar radiculitis process. The applicant is to undergo multiple epidural steroid injections, also suggestive of an active lumbar radiculitis process. The proposed medial branch block, thus, are not indicated both owing to the (a) unfavorable ACOEM position on the article at issue and (b) the considerable lack of diagnostic clarity present here. Accordingly, the request is not medically necessary.

Possible facet injections thereafter: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, page 301 does establish a limited role for facet neurotomy procedures in applicants who have undergone appropriate investigation involving diagnostic medial branch blocks, in this case, however, the diagnostic medial branch blocks were deemed not medically necessary, in question #1. Since the primary request for diagnostic medial branch blocks was deemed not medically necessary, the derivative or companion request for subsequent facet injections thereafter is likewise not medically necessary.

Compound Cream (Ketoprofen, Gabapentin, Lidocaine, Baclofen): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Lumbar cold pack with straps: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-5, page 299.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, page 299, at-home local applications of heat and cold are "recommended" as methods of symptom control for low back pain complaints, as were/are present here. The request in question did seemingly represent a request for a simple, low-tech, cold pack/ice pack with associated straps to secure said ice pack/cold pack in place. The attending provider, it is incidentally noted, did state on September 16, 2014 that he intended for the applicant to employ ice and/or moist heat for pain control purposes/palliative purposes. The request, as written, thus, is in-line with ACOEM parameters. Accordingly, the request is medically necessary.