

Case Number:	CM15-0004374		
Date Assigned:	01/15/2015	Date of Injury:	04/19/2010
Decision Date:	03/24/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker was a 45 female, who sustained an industrial injury, April 19, 2010. The injured workers chief complaint was neck and low back pain. The neck and low back pain was accompanied by tingling constantly in the bilateral upper extremities to the fingers, numbness constantly in the bilateral upper extremities to the level of the fingers and muscle weakness constantly. The injured worker has been diagnosed of Lumbo/Lumbosacral disc degeneration; cervicalgia, Lumbosacral Neuritis, Brachial Neuritis, Lumbosacral Spondylosis, Joint pain-shoulder, Lumbar facet arthropathy, Lumbar radiculitis, Chronic pain syndrome., Diabetes, Insomnia and other disease. The injured worker has had medical branch blocks in the past, acupuncture, chiropractic therapy, physical therapy, medications and diagnostic testing. The documentation submitted for review did not offer diagnoses. On December 9, 2014, the UR denied authorization of L4, L5,S1 facet bilateral medical branch block nerve injections and a prescription for orphenadrine citrate ER 30mg #60. The denial for the Orphenadrine was based on the MTUS for Orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Block (MBB) L4-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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): 309. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: The injured worker sustained a work related injury on April 19, 2010. The medical records provided indicate the diagnosis. The injured worker has been diagnosed of Lumbo/Lumbosacral disc degeneration; cervicgia, Lumbosacral Neuritis, Brachial Neuritis, Lumbosacral Spondylosis, Joint pain-shoulder, Lumbar facet arthropathy, Lumbar radiculitis, Chronic pain syndrome., Diabetes, Insomnia and other disease. Prior treatments have included Gabapentin, Flexril Norco, Acupuncture and chiropractic care. Also, he had a diagnostic medical branch blocks in the past. The medical records provided for review do not indicate a medical necessity for Bilateral Medial Branch Block (MBB) L4-S1. The MTUS recommends against Facet Injections. However, although the Official Disability Guidelines recommends diagnostic medial branch block, it recommends against this block in individuals with radicular pain and in those without documented evidence of failed conservative measures including NSAIDs and Physical therapy. The records indicate there is positive response to chiropractic therapy and physical therapy. The 09/2014 report stated the injured workers low back pain radiates down to the lower extremities. Also, the MRI revealed disc protrusion with abuts and dorsally deviates the right S1 nerve root. The requested procedure is not medically necessary and appropriate.

Pharmacy Purchase of Orphenadrine Citrate ER 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

Decision rationale: The injured worker sustained a work related injury on April 19, 2010. The medical records provided indicate the diagnosis of Lumbar/Lumbosacral disc degeneration; cervicgia, Lumbosacral Neuritis, Brachial Neuritis, Lumbosacral Spondylosis, Joint pain-shoulder, Lumbar facet arthropathy, Lumbar radiculitis, chronic pain syndrome, diabetes, insomnia and other disease. Prior treatments have included Gabapentin, Flexeril, Norco, Acupuncture and chiropractic care. The injured worker had diagnostic medical branch blocks in the past. The medical records provided for review do not indicate a medical necessity for Orphenadrine Citrate ER 30mg #60. Orphenadrine is a muscle relaxant taken at the dose of 100 mg twice a day. Like all muscle relaxants, the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The requested strength is wrong, and the duration of treatment is too long for a short-term treatment.

