

Case Number:	CM15-0140355		
Date Assigned:	07/30/2015	Date of Injury:	07/11/1998
Decision Date:	08/26/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 62-year-old female, who sustained an industrial injury on July 11, 1998. The initial diagnosis and symptoms experienced were not included in the documentation. Treatment to date has included medication, MRI and home exercise program. Currently, the injured worker complains of low back and bilateral lower extremities pain, described as dull to sharp, aching with some burning and is rated at 5 on 10. The pain is aggravated by prolonged weight bearing activities. The injured worker is diagnosed with lumbar degenerative disc disease, post L3-L5 fusion (with subsequent hardware removal) and lumbar radiculitis. A progress note dated November 7, 2014 states the injured worker does not want to take opioid medications for pain control. A progress note dated June 16, 2015, states the injured worker experiences relief from lying down and topical medications. The note further states the injured worker does not want to take oral pain medication. The following, bilateral L4-L5 medial branch block (for diagnostic purposes) and Voltaren gel (for site-specific pain relief) are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet joint diagnostic blocks (injections).

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 & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant has a remote history of a work injury occurring in July 1998 and is being treated with low back and bilateral lower extremity pain and a diagnosis of post-laminectomy syndrome with lumbar radiculitis. She underwent three lumbar surgeries including hardware removal after an L3-L5 fusion. Her past medical history includes hypertension, coronary artery disease, arrhythmias, hypothyroidism, and colon cancer. When seen, she was having low back pain and bilateral lower extremity pain rated at 5/10. Her BMI was nearly 32. Medications were topical lidocaine and topical diclofenac. Authorization for diagnostic facet blocks below the level of her fusion was requested. Voltaren gel was continued. Criteria for the use of diagnostic blocks for facet-mediated pain include patients with low-back pain that is non-radicular. In this case, there are no physical examination findings that support a diagnosis of facet-mediated pain such as facet tenderness or reproduction of symptoms with facet loading maneuvers and the claimant is having radicular symptoms. The requested injection procedure is not considered medically necessary.

Voltaren gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in July 1998 and is being treated with low back and bilateral lower extremity pain and a diagnosis of post-laminectomy syndrome with lumbar radiculitis. She underwent three lumbar surgeries including hardware removal after an L3-L5 fusion. Her past medical history includes hypertension, coronary artery disease, arrhythmias, hypothyroidism, and colon cancer. When seen, she was having low back pain and bilateral lower extremity pain rated at 5/10. Her BMI was nearly 32. Medications were topical lidocaine and topical diclofenac. Authorization for diagnostic facet blocks below the level of her fusion was requested. Voltaren gel was continued. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, there is no apparent history of intolerance or contraindication to an oral NSAID. Voltaren gel (topical diclofenac) was not medically necessary.

