

Case Number:	CM15-0207731		
Date Assigned:	10/26/2015	Date of Injury:	12/06/2012
Decision Date:	12/14/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/22/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on 12-6-2012. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine-trapezius sprain-strain, bilateral shoulder strain-bursitis-impingement, lumbar spine sprain-strain lumbar disc disease, lumbar facet syndrome, lumbar radiculopathy, and right hip sprain-strain. On 9-8-2015, the injured worker reported low back pain rated 6-7 out of 10 and right shoulder pain rated 7-8 out of 10. The Primary Treating Physician's report dated 9-8-2015, noted the injured worker's current medications were Norco and Motrin, prescribed since at least 6-4-2014. The physical examination was noted to show the lumbar spine with tenderness of the bilateral paravertebral musculature and lumbosacral junction with decreased range of motion (ROM) with increased pain in all planes and right shoulder tenderness and decreased range of motion (ROM). The treatment plan was noted to include continued home exercise program (HEP), continued medications of Norco and Motrin, and request for bilateral L3-L5 medial branch blocks. The injured worker's work status was noted to be temporarily totally disabled. On 6-3-2015 the Physician noted the injured worker had a second left L4-L5 and bilateral L5-S1 transforaminal epidural steroid injection (ESI) (5-8-2015) with at least 80% improvement since the injection with reduced oral intake of medications and able to walk longer distances and able to stoop and bend with greater ease. The injured worker was noted to have undergone left L4-L5 and bilateral L5-S1 transforaminal epidural steroid injection (ESI) on 10-27-2014 with 90% improvement for three days with 50-60% improvement noted later. The request for authorization dated 9-8-2015, requested Norco 5-325mg #60, Motrin 800mg #120, and bilateral L3 to L5

medial branch blocks as recommended. The Utilization Review (UR) dated 10-9-2015, certified the request for Norco 5-325mg #60, and non-certified the requests for Motrin 800mg #120, and bilateral L3 to L5 medial branch blocks as recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The patient presents with low back and right shoulder pain. The current request is for Motrin 800mg #120. The treating physician states, in a report dated 09/08/15, "Motrin 800mg 1 PO QID PRN #120." (33B) The MTUS guidelines state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." In this case, the treating physician, based on the records available for review, has documented improved participation in HEP, better ability to perform ADLs, and a decrease in pain from 9/10 without medication to 5-6/10 with medication. No adverse side-effects have been noted. The current request is medically necessary.

Bilateral L3 to L5 medial branch blocks as recommended: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Joint Blocks (Injection).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter, Facet joint diagnostic blocks (injections).

Decision rationale: The patient presents with low back and right shoulder pain. The current request is for bilateral L3 to L5 medial branch blocks as recommended. The treating physician states, in a report dated 09/08/15, "RFA (B) L3-L5 MBB as rec. by [REDACTED]." (32B) The MTUS guidelines are silent on facet joint diagnostic blocks. ODG Guidelines support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non radicular symptoms. In this case, the treating physician, based on the records available for review, notes tenderness of the bilateral paravertebral musculature. However, the patient has also been diagnosed with lumbar radiculopathy. The current request is not medically necessary.