

Case Number:	CM15-0032825		
Date Assigned:	02/26/2015	Date of Injury:	03/08/2014
Decision Date:	04/10/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 61-year-old female, who sustained an industrial injury on March 8, 2014. She has reported a headache and back pain. Her diagnoses include closed head injury and spondylosis, lumbar. She has been treated with MRI, CT scan, x-rays, electrodiagnostic studies, activity modifications, physical therapy, home exercise program, chiropractic therapy, transcutaneous electrical nerve stimulation (TENS) unit, lumbar epidural steroid injection, and medications including muscle relaxant, pain ,and anticonvulsant. On May 1, 2014, an MRI of the lumbar spine and a CT scan of the brain were performed. On January 28, 2015, her treating physician reports back, hip, and head pain. She has frequent headaches that are triggered by light, sound and doing anything stressful like filling out paperwork. The headaches are over the left parietal region and occur half a month, lasting for hours. Associated symptoms include nausea without vomiting. Rest, staying away from light and sound, and non-steroidal anti-inflammatory medication helps her headaches. She has emotionally labiality, has difficulty concentrating, memory problems, anxiety, and sleeping issues. She has back pain with radiation down the right thigh to the knee. The pain is describes as burning, sharp, and stabbing. Current medications include non-steroidal anti-inflammatory. The physical exam revealed normal lumbar contour, level pelvis tenderness to palpation along the lumbar paraspinal muscles and muscle spasms, full range of motion, and negative bilateral seated and supine straight leg raise, femoral stretch, Faber, piriformis stretch, and facet load testing. The facet load test was not fully done due twisting movement caused her typical pain. There was normal muscle motor testing bilaterally and the bilateral light touch sensation was intact, except for the right lumbar 5

dermatome. The bilateral deep tendon reflexes were normal. The left parietal area and left mastoid process of the head were tender to touch. The sensory exam of the face was intact. The cranial nerves were intact. The treatment plan includes an MRI of the brain, lumbar medial branch block, and a non-steroidal anti-inflammatory medication. On February 23, 2015, the injured worker submitted an application for IMR for review of a prescription for Diclofenac 100mg #60, a request for lumbar medial branch block of bilateral lumbar 3 and lumbar 5, and a request for an MRI of the brain without contrast. The Diclofenac was non-certified based on the guidelines do not recommend this medication as a first-line non-steroidal anti-inflammatory medication, and there is a lack of evidence that the patient has been trialed on first-line non-steroidal anti-inflammatory medications. The lumbar medial branch block was non-certified based on there should be a normal sensory exam and there is documentation of sensory abnormality along the lumbar 5 dermatome in this patient. In addition, all conservative care measures should be completed prior to considering more invasive injection procedures. This patient has been authorized for a course of acupuncture. The MRI was non-certified based on the patient has subjective complaints of cognitive dysfunction and has already undergone a CT scan of the brain On May 1, 2014, which revealed no significant abnormalities. There is a lack of evidence of red flags on physical exam that would warrant further imaging. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines and ACOEM (American College of Occupational and Environmental Medicine) Guidelines, and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg #60 prescribed on 01/28/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain and headaches with reports of benefit in regard to function. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type. As such, the medical records provided for review do support the use of naproxen for the insured, as there is indication of persistent pain that is helped functionally.

Lumbar Medial Branch Block Bilateral L3, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Diagnostic facet joint injections, Criteria for the use of diagnostic blocks for facet "mediated" pain, Lumbar facet joint pain, signs and symptoms.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, facets.

Decision rationale: The medical records provided for review report back pain but do not document physical examination findings consistent with facet-mediated pain. Further ODG guidelines do not support more than 1 facet injection in the case of an injured worker having demonstrated physical exam findings of facet mediated pain. The medical records provided for review do not demonstrate findings in support of two bilateral L5-S1 facet injections congruent with ODG.

Brain MRI without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, MRI (magnetic resonance imaging) and Br J Radiol. 2003 Aug; 76(908):532-5. Red flags in patients presenting with headache: clinical indications for neuroimaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - head, MRI brain.

Decision rationale: The medical records provided for review report normal neurological examinations. There is no indication of prolonged disturbed level of consciousness and no indication of acute changes. It is reported that a CT was performed with no indication of any abnormality. Based on these reported findings, the medical records do not support performance of an MRI of the brain congruent with ODG guidelines.