

Case Number:	CM14-0118426		
Date Assigned:	09/16/2014	Date of Injury:	09/30/1998
Decision Date:	10/23/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 records, presented for review, indicate that this 54 year old female was reportedly injured on September 30, 1998. The mechanism of injury was noted as a fall. The most recent progress note, dated 8/6/2014, indicated that there were ongoing complaints of low back pain that radiated into the bilateral lower extremities. The physical examination demonstrated lumbar spine had positive tenderness to palpation at L2-L3 and tenderness over the facet, range of motion was with flexion 65, extension 15, and lateral bending 15 bilaterally, increased pain with extension, normal gait, bilateral muscle spasm noted. motor strength in all extremities 5/5, except for right quadriceps, was 4+/5, decreased sensation was in the right lower extremity along L5 dermatome and S1 dermatome on the left, lower extremity reflexes were 2+, except for bilateral ankles 1+. No recent diagnostic studies are available for review. Previous treatment included medications, and conservative treatment. A request was made for bilateral lumbar medial branch block at L1-L2 with radiofrequency ablation and Vimovo 375/20 milligrams quantity sixty and was not certified in the preauthorization process on 7/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L1 - L 2 MBB and RFA x1, Anesthesia, Radiology and Fluoroscopic Guidance:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines facet joint injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 298-301.

Decision rationale: Treatment guidelines support lumbar medial branch blocks to aid in determining whether or not the claimant is a candidate for rhizotomy. The guideline criteria for support of this diagnostic intervention includes non-radicular pain (where no more than 2 levels are being injected bilaterally), and when objective evidence of pain is noted that is significantly exacerbated by extension and rotation or associated with lumbar rigidity, and when there has been suboptimal response to other conservative treatment modalities. This request is for a lumbar medial branch block at level LI-L2 with radiofrequency ablation. CA MTUS makes no recommendation for or against radiofrequency neurotomy for chronic low back pain confirmed with response to diagnostic blocks, indicating that one procedure might be tried after failure to respond to conservative treatment and where the diagnosis has been confirmed by diagnostic medial branch block. Therefore, this request cannot be authorized at this time pending confirmation by diagnostic medial branch block. Both procedures cannot be done simultaneously or staged at the time of the initial procedure be performed. Therefore, this request is deemed not medically necessary.

VIMOVO 375-20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 68-69, 73.

Decision rationale: MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking nonsteroidal antiinflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records, shows the patient is already taking nonsteroidal antiinflammatory (Voltaren). There is insufficient documentation for the need for an additional antiinflammatory such as Naproxen. Also there is no mention of any signs or symptoms of gastrointestinal (GI) distress, which would require PPI treatment. As such, this request is not considered medically necessary.