

Case Number:	CM14-0163884		
Date Assigned:	10/08/2014	Date of Injury:	12/14/2000
Decision Date:	11/07/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/06/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 48 year old female who reported an injury on 12/14/2000. The mechanisms of injury were falling. The injured worker was diagnosed with a lumbar strain. Her past treatment included medications, therapy and left L5-S1 laminectomy and discectomy in September 2000. The injured worker had a MRI of the lumbar on 09/22/2014. The injured worker stated on 09/22/2014 that her pain is a 10/10 without medication and a 6/10 with medications and at that visit her pain was a 9/10. She stated that her medications are keeping her functional, allowing for increased mobility, tolerance of activities of daily living and home exercise's. The injured worker stated that she had slight increase in low back pain and bilateral lower extremities pain. On physical exam on 09/22/2014 the injured worker was noted to have tenderness on palpation on the lumbar spine and the sacral spine. She had decreased range of motion of the lumbar spine with forward flexion measured at 45 degrees, hyperextension measured at 10 degrees, right lateral bend measured at 15 degrees, left lateral bend measured at 15 degrees. She had decreased strength in the lower left extremity and a positive straight leg raise while sitting bilaterally. Her medications included Norco 10-325mg, Zofran 8mg, Nizatidine 150mg, Soma 350 mg and Dilaudid 8mg. The injured workers treatment plan included medications, home exercise program, moist heat and stretches and 2nd medial branch block. A request was received for Secondary confirmatory lumbar medial branch block and a request was received for Dilaudid 8mg #30. The rationale for the request for the secondary confirmatory lumbar medial branch block was the injured workers favorable functional response to the medial branch block in the past. The rationale for the request for Dilaudid 8mg # 30 was for severe breakthrough pain. A Request for Authorization form was submitted on 09/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Secondary confirmatory lumbar medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic)

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, Facet joint medial branch blocks (therapeutic injections)

Decision rationale: The request for Secondary confirmatory lumbar medial branch block is not medically necessary. The Official Disability Guidelines stated that a medial branch blocks are not recommended unless for diagnostic tools with at least an 80% reduction in pain, also there was no significant difference in opioid intake or employment status. The injured worker stated that her medications were keeping her functional allowing for increase mobility, tolerance of activities of daily living and home exercises. The clinical documentation stated that the medial branch block was favorable in the injured worker's past with a decrease in pain by 70%, however the documentation lacked the when the first medial branch block was given. The documentation also failed to provide the area where the injection was to be given with the lumbar region. The submitted clinical documentation failed to support the evidence based guidelines for Facet joint medial branch blocks. Therefore, the request for Secondary confirmatory lumbar medial branch block is not medically necessary.

Dilaudid 8mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The request for Dilaudid 8mg #30 is not medically necessary. The California MTUS stated that opioids are not recommended as first line therapy but suggested for neuropathic pain that has not responded to first line recommendation like antidepressants and/ or anticonvulsants, for chronic pain failure to respond to time limited therapy course considerations of alternative therapy should be considered. The injured worker states that her medication keeping her functional allowing for increase mobility, tolerance of activities of daily living and home exercises but she still had a slight increase in low back pain and bilateral lower extremities pain and her pain remains at 6/10 on medication. The clinical documentation stated that the injured worker had decreased range of motion and ongoing chronic severe low back and leg pain. The documentation provided lacked evidence that the first line therapies did not respond and that the lower dosages of opioids did not response to the injured workers pain. Additionally, the documentation failed to support the California MTUS guidelines. As such, the request for Dilaudid 8mg # 30 is not medically necessary.

