

Case Number:	CM14-0185112		
Date Assigned:	11/13/2014	Date of Injury:	10/01/2012
Decision Date:	12/19/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 58-year-old female with date of injury of 10/01/2012. The treating physicians listed diagnoses from 10/15/2014 are: 1. Myofascial pain syndrome; 2. Lumbar spine sprain; 3. Lumbosacral facet syndrome, bilateral. According to this report, the patient continues to complain of pain in the lumbar spine facet joint especially with bending and twisting. She reports some numbness in the lower back. The patient is currently working full duty. Examination shows positive bilateral lumbar facet maneuver, positive bilateral facet tenderness with sensation. The rest of the handwritten report was illegible. The 09/19/2014 report shows that the patient continues to report pain in the back with bilateral leg numbness, left greater than the right. No weakness of the legs. She is performing her home exercise program twice weekly. Positive bilateral straight leg raise. Tenderness at the bilateral iliolumbar ligament. Decreased sensation to the bilateral feet. Decreased range of motion in the lumbar spine. The documents include an ultrasound of the right knee from 11/20/2013, TESI procedure reports from 07/11/2014 and 09/19/2014, and progress reports from 05/02/2014 to 10/29/2014. The utilization review denied the request on 11/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block left L3, L4, L5 and S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections)

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting a Bilateral Medial Branch Block at the Left L3, L4, L5 and S1. The ACOEM guidelines do not support facet injections for treatment but do discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG guidelines also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. It does not appear that the patient has undergone a bilateral medial branch block. The records show that the patient underwent 2 transforaminal epidural steroid injections at left L4, L5 and S1 on 07/11/2014 and 09/19/2014 indicating that this patient suffers from radicular symptoms for which facet evaluation would not be indicated. Furthermore, the request is for 4 level DMB, or 3 level facet joint evaluation. ODG supports only 2 level injections when evaluating facet joints. Recommendation is that the request is not medically necessary.

Menthoderm gel pm numbness: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical NSAIDs Page(s): 111.

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting Menthoderm gel. Menthoderm cream/gel contains methyl salicylate and menthol. The MTUS guidelines, page 111 on topical NSAIDs states, "Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment of osteoarthritis, but either not afterward, or with a diminishing effect over another two-week period." In addition, MTUS states that it is indicated for osteoarthritis and tendinitis of the knee and elbow and other joints that are amenable to topical treatment. It is not recommended for the treatment of osteoarthritis of the spine, hip, or shoulder. Also, topical NSAIDs are recommended for short-term use, between 4 to 12 weeks. The records show that the patient was prescribed Menthoderm gel on 10/15/2014. The treating physician does not discuss what this gel is to be used for. It would appear that the treating physician is prescribing this medication for the patient's chronic low back pain. Menthoderm is only indicated for osteoarthritis and tendinitis of the knee, elbow, and other joints and is not recommended for the spine hip or shoulder. Recommendation is that the request is not medically necessary.