

Case Number:	CM15-0010445		
Date Assigned:	01/28/2015	Date of Injury:	12/31/2005
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/19/2015

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 12/31/2005. On 1/19/15, the injured worker submitted an application for IMR for review of Medial Branch Block targeting lumbar, left L5-S1 facet region, and Norco 10/325mg #60. The treating provider has reported the injured worker complained of neck pain that radiates to both upper arms with weakness, numbness, and tingling both upper limbs and low back pain with radiation to left hip and lateral thigh. The diagnosis included lumbosacral spondylosis without myelopathy. Treatment to date has included status post MLD left L4-5 (9/1/11), status post right hip surgery (11/2012) and status post TLIF bilateral L4-L5 (2/19/13, MRI lumbar (6/15/11) along with , physical therapy, TENS unit, acupuncture, massage therapy and medication trials. On 1/7/15 Utilization Review non-certified Medial Branch Block targeting lumbar, left L5-S1 facet region, and Norco 10/325mg #60. The MTUS, ACOEM and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the neck with radiation to the bilateral upper extremity, and low back with radiation to the left hip and lateral thigh. The current request is for Norco 10/325mg #60. The treating physicians report dated 12/15/14 (70C) states, "Medications will be continued as prior, the current regiment has been used appropriately and has been effective to increase activity and decrease pain. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior).The medical reports provided show the patient has been taking Norco since at least 01/20/14 (51C). The report dated 10/28/14 notes that the patient's pain has decreased from 8/10 to 4/10 while on current medication. No adverse effects or adverse behavior were noted by patient except for constipation. There is no discussion of any functional improvement in any of the medical reports provided. In this case, all four of the required A's are not addressed and functional improvement has been not been documented. The MTUS guidelines require much more thorough documentation to support the continued usage of opioids. Recommendation is for denial and slow weaning per the MTUS guidelines.

Medial Branch Block targeting lumbar, left L5-S1 facet region: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), facet joint diagnostic blocks

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

Decision rationale: The patient presents with pain affecting the neck with radiation to the bilateral upper extremity, and low back with radiation to the left hip and lateral thigh. The current request is for Medial Branch Block targeting lumbar, left L5-S1 facet region. The ODG guidelines have the following: "suggested indicators of pain related to facet joint pathology:(1) Tenderness to palpation in the paravertebral areas (over the facet region);(2) A normal sensory examination;(3) Absence of radicular findings, although pain may radiate below the knee;(4)Normal straight leg raising exam." In this case, the patient presents with low back pain with radiation to the left hip and lateral thigh. The physical examination findings in the report dated 12/15/14 indicate that the patient has a negative SLR, a normal sensory examination, facet

joint tenderness and there are no examination findings of any radiculopathy. While the patient states that there is pain affecting the left hip and left lateral thigh there is no description of dermatomal pain found in the records provided. There is no documentation of any prior trial of a medial branch block. The current request is medically necessary and the recommendation is for authorization.