

Case Number:	CM15-0013082		
Date Assigned:	01/30/2015	Date of Injury:	10/06/2000
Decision Date:	03/19/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/22/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old female, who sustained an industrial injury on 10/06/2000. The diagnoses have included osteoarthritis of spinal faced joint, lumbar radiculopathy, sacroiliac joint somatic dysfunction, degenerative of lumbar or lumbosacral intervertebral disc, and degenerative of cervical intervertebral disc. Treatments to date have included medical branch facet block in 2010, which provided her with at least 70% pain relief which lasted at least 2 months, heat, ice, rest, gentle stretching, exercise, and medications. No diagnostic testing noted in received medical records. In a progress note dated 12/18/2014, the injured worker presented with complaints of low back, leg, and right hip and thigh pain. The treating physician reported that chronic pain medication maintenance regimen benefit includes reduction of pain, increased activity tolerance, and restoration of partial overall functioning. Utilization Review determination on 12/30/2014 non-certified the request for Medial Facet Block Bilateral L4, L5, S1 and Percocet 10/325mg Quantity: 90 citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial facet block bilateral L4, L5, S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- TCW, Low Back Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Complaints 301.

Decision rationale: No, the request for medial facet blocks/medial branch blocks was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does establish a limited role for diagnostic medial branch blocks as a precursor to pursuit of subsequent facet neurotomy procedures, in this case, however, the applicant's presentation was not consistent with or suggestive of facetogenic or discogenic low back pain for which facet joint injections could be considered. Rather, the applicant's presentation was suggestive of an active lumbar radiculopathy/lumbar radiculitis process. The applicant reported persistent complaints of low back pain radiating to the right leg on the December 18, 2014 office visit on which the request was initiated. Therefore, the request was not medically necessary.

Percocet 10/325mg QTY: 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications: Short-acting/Long-acting opioids:Short-acting opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 75 of 127.

Decision rationale: As noted on page 75 of the MTUS Chronic Pain Medical Treatment Guidelines, short-acting opioids such as Percocet are an effective method of controlling pain and are often used for intermittent or breakthrough pain. Here, the attending provider stated that the applicant was experiencing an acute flare of low back pain radiating to the right leg on or around the November 18, 2014 office visit on which Percocet was prescribed. Percocet was apparently prescribed for the first time on November 18, 2014 to alleviate complaints of severe low back pain evident on that day. Therefore, the request was medically necessary.