

Case Number:	CM15-0114415		
Date Assigned:	06/22/2015	Date of Injury:	05/26/2011
Decision Date:	07/21/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/15/2015

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

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 52 year old female, who sustained an industrial injury on 5/26/11. She reported pain in the lower back, right pelvis and right knee related to cumulative trauma. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar herniated nucleus pulposus and lumbosacral sprain. Treatment to date has included a lumbar MRI showing lumbar spondylosis, a right knee arthroscopy on 7/17/14, physical therapy, Flexeril, Medrox patches and Ibuprofen. As of the PR2 dated 6/1/15, the injured worker reports continued pain in the right knee, pelvis and lumbar spine. Objective findings include a positive straight leg raise test on the right, right knee tenderness and a positive McMurray's test on the right. The treating physician requested a right lumbosacral medial branch block, a right L4-L5 and L5-S1 medial branch block x 3 and LidoPro #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3 Medial Branch Block, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Medial Branch Blocks/ Facet Injections, page 300. Decision based on Non-MTUS Citation ODG, Low Back, Medial Branch Blocks/ Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for a duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Facet blocks are not recommended without defined imaging or clinical correlation, not identified here. There is no report of acute flare-up or change for this chronic injury. Additionally, facet injections/blocks are not recommended in patient who may exhibit radicular symptoms, positive leg raise testing with identified HNP on MRI, and performed over 2 joint levels concurrently (L4, L5, S1) and at any previous surgical sites. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury. Submitted reports have not demonstrated support outside guidelines criteria. The Right LS (lumbosacral) Medial Branch Block, Qty 1 is not medically necessary or appropriate.

Right Lumbar L4, L5, S1 (sacroiliac) Medial Branch Blocks, Qty 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Medial Branch Blocks/ Facet Injections, page 300. Decision based on Non-MTUS Citation ODG, Low Back, Medial Branch Blocks/ Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for a duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Facet blocks are not recommended without defined imaging or clinical correlation not identified here. There is no report of acute flare-up or change for this chronic injury. Additionally, facet injections/blocks are not recommended in patient who may exhibit radicular symptoms, positive leg raise testing with identified HNP on MRI, and performed over 2 joint levels concurrently (L4, L5, S1) and at any previous surgical sites. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury. Submitted reports have not demonstrated support outside guidelines criteria. The Right Lumbar L4, L5, S1 (sacroiliac) Medial Branch Blocks, Qty 3 is not medically necessary or appropriate.

Lidopro, Qty 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There are no evidenced-based studies to indicate efficacy of capsaicin 0.0325% formulation and that this increase over a 0.025% formulation would provide any further efficacy over oral delivery. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidopro, Qty 2 is not medically necessary or appropriate.