

Case Number:	CM15-0029484		
Date Assigned:	02/23/2015	Date of Injury:	12/18/2012
Decision Date:	04/01/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/18/2015

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: Emergency 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 57 year old male who sustained an industrial injury on 12/18/2012. He complains of low back pain. Diagnoses include degeneration of the lumbar-lumbosacral IV disc, displaced lumbar intervertebral disc, and thoracic/lumbar neuritis/radiculitis. Treatment to date has included medications, lumbar support, and home exercise program. A physician progress note dated 01/13/2015 documents the injured worker complains of low back pain rated an 8 out of 10 with radiation into his right leg and foot. His pain is described as aching. It is constant and across the midline. He has no complaints of paresthesias. He has pain with flexion at 80 degrees as well as left lateral bend at 5 degrees. There is tenderness to palpation of midline lumbosacral paraspinal. Seated straight-leg raise causes localized lumbosacral pain bilaterally. Treatment requested is for Naproxen 500mg QTY: 180, and Lumbar Facet Injection L4-5 QTY: 1 On 02/05/2015 Utilization Review modified the request for Naproxen 500mg QTY: 180 to Naproxen 500mg QTY: 60 and cited was California Medical Treatment Utilization Schedule- Chronic Pain Treatment Guidelines. The request for Lumbar Facet Injection L4-5 QTY: 1 was non-certified and cited was Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Injection L4-5 QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet joint medial branch blocks (therapeutic injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The requested Lumbar Facet Injection L4-5 QTY: 1, is not medically necessary. CA MTUS is silent and ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels."The injured worker has low back pain rated an 8 out of 10 with radiation into his right leg and foot. His pain is described as aching. It is constant and across the midline. He has no complaints of paresthesias. He has pain with flexion at 80 degrees as well as left lateral bend at 5 degrees. There is tenderness to palpation of midline lumbosacral paraspinal. Seated straight-leg raise causes localized lumbosacral pain bilaterally. The treating physician does not document the intention of proceeding with a subsequent facet neurotomy if the diagnostic blocks produce the required positive result, nor adequate documentation of failed conservative treatment trials. The criteria noted above not having been met, Lumbar Facet Injection L4-5 QTY: 1 is not medically necessary.

Naproxen 500mg QTY: 180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Naproxen 500mg QTY: 180, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has low back pain rated an 8 out of 10 with radiation into his right leg and foot. His pain is described as aching. It is constant and across the midline. He has no complaints of paresthesias. He has pain with flexion at 80 degrees as well as left lateral bend at 5 degrees. There is tenderness to palpation of midline lumbosacral paraspinal. Seated straight-leg raise causes localized lumbosacral pain bilaterally. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen 500mg QTY: 180 is not medically necessary.

