

Case Number:	CM15-0046542		
Date Assigned:	03/18/2015	Date of Injury:	11/16/1994
Decision Date:	04/23/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/11/2015

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 applicant is a represented 67-year-old [REDACTED] employee who has filed a claim for chronic neck pain, chronic low back pain, and chronic pain syndrome reportedly associated with an industrial injury of November 16, 1994. In a Utilization Review Report dated February 18, 2015, the claims administrator failed to approve requests for medial branch blocks and laboratory testing. The claims administrator did, however, approve follow-up visit with pain management and Tylenol No. 3. A progress note of January 6, 2015 and RFA form of February 3, 2015 were referenced in the determination. The claims administrator stated that the attending provider had not documented what laboratory tests were being proposed and went on to deny the same. The applicant's attorney subsequently appealed. On January 6, 2015, the applicant reported ongoing complaints of neck and low back pain, 7/10. The applicant was Tylenol No. 4 and Lidoderm patches. 6/10 pain with medications versus 8-10/10 pain without medications was appreciated. Tylenol No. 3, medial branch blocks, and a "medical panel" were endorsed. The attending provider stated that the medication panel was being endorsed for the purposes of evaluating the applicant's renal and hepatic function. The attending provider referenced historical laboratory testing of November 12, 2013 demonstrating slightly decreased renal function with creatinine of 1043 and estimated glomerular filtration rate (GFR) of 59. The applicant is using a cane to move about. The applicant exhibited a visibly antalgic gait. Permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://www.odg-twc.com/odgtwc/neck.htm#facetjointtherapeuticsteroidinjections>)(<http://odg-twc.com/odgtwc/neck.htm>).

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

Decision rationale: No, the request for bilateral medial branch blocks was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does acknowledge that diagnostic medial branch blocks can be employed as a precursor to pursuit of subsequent facet neurotomy procedures, in this case, however, the applicant's presentation was not, in fact, suggestive of facetogenic or diskogenic low back pain for which the medial branch blocks at issue could have been considered. Rather, the applicant presented on the January 6, 2015 office visit in question reporting ongoing complaints of low back pain radiating into the bilateral lower extremities, asserting that lumbar radiculopathy, not facet arthropathy, was, in fact, the primary operating consideration. Therefore, the request was not medically necessary.

Laboratory med panel: Overturned

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 NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: Conversely, the request for a laboratory medication panel was medically necessary, medically appropriate, and indicated here. The attending provider indicated in his January 6, 2015 progress note that the request in question did represent a request for renal and hepatic functions. The applicant had a history of an elevated creatine level, the treating provider acknowledged in his January 6, 2015 progress note. The applicant was 67 years of age and using a variety of medications processed in the liver and kidneys. Page 70 of the MTUS Chronic Pain Medical Treatment Guidelines suggests periodic assessment of hematologic, hepatic, and renal function in applicants using NSAIDs. While the applicant was not using NSAIDs, the applicant was, however, using a variety of other medications which were processed in the liver and kidneys. The applicant had a history of known renal insufficiency. Assessment of the applicant's renal and hepatic function, thus, was indicated to ensure that the applicant's current levels of renal and hepatic function were compatible with currently prescribed medications. Therefore, the request was medically necessary.

