

Case Number:	CM15-0067536		
Date Assigned:	04/15/2015	Date of Injury:	08/27/2010
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/09/2015

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, Massachusetts
 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 male, who sustained an industrial injury on 08/27/2010. He has reported injury to the low back. The diagnoses have included lumbar facet arthropathy; right lumbar radiculitis; and lumbar sprain and strain. Treatment to date has included medications, diagnostics, lumbar epidural steroid injection, activity modification, and exercises. Medications have included Diclofenac, Tramadol, and Pamelor. A progress report from the treating provider, dated 03/11/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of constant low back pain; the pain is sharp and has worsened; and pain is rated at 8/10 on the visual analog scale. Objective findings have included tenderness to palpation of the lumbar spine; and lumbar facet stress test is positive. The treatment plan has included the request for bilateral lumbar medial branch block at L3-L4 and L4-L5 under fluoroscopic guidance; and Diclofenac 100 mg thirty count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar medial branch block at L3-L4 and L4-5 under fluoroscopic guidance:
 Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain/ Medial branch block.

Decision rationale: The injured worker has chronic lumbar radiculopathy that has not been effectively treated with medications and conservative therapy. Reported symptoms of numbness and tingling as well as physical exam findings support a diagnosis of facet joint disease involving a branch of the medial nerve. The clinical records support the diagnosis and meet the inclusion criteria outlined by ODG guidelines for trial of medial branch block (CA MTUS are silent on this specific procedure). The peer reviewer did not provide a rationale for rejecting this intervention. Consequently based on the clinic record and review of the clinical guidelines, the proposed bilateral lumbar medial branch block is appropriate and for the aforementioned levels.

Diclofenac 100 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Voltaren.

Decision rationale: According to CA MTUS guidelines anti-inflammatory medications are the traditional first line treatment to reduce pain and inflammation. While MTUS does not specifically address voltaren, ODG recommends against voltaren as first line NSAID due to increased side effect profile. There is no evidence from the provided records that a different NSAID with lower side effect profile has first been attempted. NSAIDs increase risk of heart disease and kidney disease with chronic use. Considering the cited guidelines and clinical records reviewed continued use of this specific NSAID appears to be not medically appropriate at this time.