

Case Number:	CM13-0006579		
Date Assigned:	08/23/2013	Date of Injury:	04/01/2011
Decision Date:	01/08/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehab and is licensed to practice in California. 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 physician 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/services.

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 underlying date of injury in this case is 4/1/2011. The primary diagnosis is 724.2, or lumbago. This patient is a 34-year-old man with a treating diagnosis of multiple cervical disc herniations, multiple lumbar disc herniations at L4 through S1, thoracic strain, left temporomandibular joint syndrome, posttraumatic photophobia, cephalgia, right carpal tunnel syndrome, anxiety, and depression. On 6/11/2013, the treating physician submitted a narrative progress report and authorization request noting that the patient was still awaiting authorization for pain management for a lumbar epidural facet steroid injection. The patient was noted to have pain in the neck radiating over the shoulders and arms and low back pain radiating to the legs and worsening. On exam the patient had decreased lumbar motion with spasms and tenderness. The patient had decreased sensation at C6, C7, C8, and T1 levels. Strength in the upper extremities was 4/5 bilaterally. The patient had reduced lower extremity sensation at L3, L4, L5, and S1 with lower extremity muscle strength at 3/5 bilaterally. The provider planned to continue to request lumbar epidural facet steroid injection through pain management, refill Norco and Prilosec, and noted the patient remained temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (unknown dosage/quantity/duration): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: The Physician Reviewer's decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records largely discuss subjective pain and do not clearly discuss functional goals in the 4 domains of opioid management as per the treatment guidelines. The request for Norco is not medically necessary and appropriate

Fexmid (unknown dosage/quantity/duration): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The Physician Reviewer's decision rationale: The California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines section on muscle relaxants, regarding Fexmid, "Recommended for a short course of therapy. Limited, and mixed evidence does not allow for a recommendation for chronic use." The medical records do not provide an alternate rationale for this request, particularly in a chronic setting. The request for Fexmid is not medically necessary and appropriate.

Prilosec (unknown dosage/quantity/duration): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation Pain Procedure.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The Physician Reviewer's decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms recommends "Determine if the patient is at risk for gastrointestinal events: Age greater than 65 years, history of peptic ulcer or gastrointestinal bleeding, concurrent use of aspirin or corticosteroids, or high-dose/multiple NSAIDS." The medical records do not clearly indicate that this employee meets these criteria's. The rationale for gastrointestinal prophylaxis is not apparent. The request for Prilosec is not medically necessary and appropriate.

Epidural injections L4-L5 and L5-S1: Upheld

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

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 - Facet Joint Diagnostic Blocks..

Decision rationale: The Physician Reviewer's decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on epidural injections states the criteria for an epidural steroid injection include "Radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The guidelines is in contrast to guidelines for facet joint diagnostic blocks, which are described in the Official Disability Guidelines/Treatment in Workers Compensation/Low Back/Facet Joint Diagnostic Blocks as "limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally." Hence, the request at this time for an "epidural facet steroid injection" cannot be correlated with regard to the treatment guidelines. Moreover, the employee is reported to have diffuse disease in the cervical and lumbar spine, and thus would not meet the criteria for a focal epidural injection or focal facet injection. The request for L4-L5 and L5-S1 is not medically necessary and appropriate.

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Facet Joint Blocks..

Decision rationale: The Physician Reviewer's decision rationale: The treating physician notes indicate that the pain management consultation has been recommended for the requested epidural facet steroid injection, which is not medically necessary. The request for a pain management consultation is not medically necessary and appropriate.

Functional capacity evaluation and impairment rating: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation Fitness for Duty Procedure Summary; ACOEM Guidelines, Official Disability Guidelines-TWC Pain Procedure Summary..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Evaluation Page(s): 125.

Decision rationale: The Physician Reviewer's decision rationale: The California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines discusses functional capacity evaluations under work conditioning, "If functional capacity evaluation may be required, showing consistent results with maximal effort demonstrating capacities below an employer-verified physical demand's analysis.... After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau." The medical records do not describe that the employee had improvement and plateau, nor do the medical records discuss a specific job for which the employee wishes to return with an associated job description. A functional capacity evaluation would not be supported based on the guidelines. An impairment rating is an administrative/economic assessment or examination and is not a procedure which can be interpreted as medically necessary or not medically necessary. Therefore, that part of the request is not applicable. The request for a functional capacity evaluation is not medically necessary and appropriate.