

Case Number:	CM13-0016946		
Date Assigned:	10/11/2013	Date of Injury:	10/19/2008
Decision Date:	01/02/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/27/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 IMR application shows the patient was injured on 10/19/08 and is disputing the 8/7/13 UR decision. The 8/7/13 UR letter is from CID, and modifies the Avinza 60mg #30 to allow #10; denies the MBB L3,4,5 and denies PT x5, based on the 7/29/13 report from Dr [REDACTED]. CID appears to recommend weaning of the Avinza, despite the physician reporting pain levels dropping about 50% from 8/10 without medication to 4/10 with medication. Diagnostic MBB were denied because facet pain had already been established and also because of L5 radiculopathy on electrodiagnostics from 2/4/13. PT was denied, because the patient already had 10 sessions of PT this year. I am provided with 543 pages of records for this review. I had the unpleasant experience of scrolling through these twice, looking for the 7/29/13 report from Dr [REDACTED], only to find that main report for the request is missing from the records. The 1/7/13-5/6/13 reports from Dr [REDACTED] are available for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Avinza 60mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Opioid use Page(s): 88-89.

Decision rationale: The records available do not show that 60mg Avinza was prescribed, as this was apparently on Dr. [REDACTED]'s 7/29/13 report that was apparently removed from the 543 pages of records provided for the IMR. The records available show that Dr. [REDACTED] was in the process of titrating up the Avinza, from 30mg, to 45 mg, and now according to the UR letter, 60mg. The UR letter did state the pain levels on 7/29/13 dropped from 8/10 to 4/10 with the medication. According to MTUS criteria this is a satisfactory response. MTUS states: "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" MTUS does not require stopping treatment or weaning if there is a satisfactory response. MTUS states under the Long-term users of opioids (6-months or more), under Strategy for Maintenance, "do not attempt to lower the dose if it is working" The physician appears to be using Avinza in accordance with MTUS guidelines. The request for 1 prescription of Avinza 60mg #30 is medically necessary and appropriate.

1 diagnostic medial branch block at L3, L4, and L5 bilaterally: 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), Low Back Section, diagnostic facet blocks, which is not part of the MTUS..

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

Decision rationale: ACOEM does not recommend RFA for the lumbar region, but states the it should be only after diagnostic MBB. ODG guidelines discuss diagnostic MBB. UR stated that facet pain was already established because of the prior RFA. According to Dr [REDACTED]'s reports, the prior RFA was on the right side, and was at L3,4,5,S1 which provided 90-100% relief for 8 months, but not on the left side. UR appears to be partially correct in that the facet involvement included the right-side facets. From the information available to me, it appears the right-side facets are involved, and it is unknown if the left-side lumbar facets are involved. This might support a left-side diagnostic facet evaluation, but right-side diagnostic facet evaluation would be redundant. The "bilateral" diagnostic procedure would not be in accordance with ODG guidelines as the diagnostic procedure on the right side was already performed, and there is L5 radiculopathy. The request for 1 diagnostic medial branch block at L3, L4, and L5 bilaterally is not medically necessary and appropriate.

5 additional physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The 7/29/13 report that apparently requested PT, was not available for this IMR. The 8/7/13 UR letter from CID, that reviewed the 7/29/13 report, state that the patient already had 10 sessions of PT, and MTUS recommends 8-10 sessions of PT. The most recent report available for IMR, is the 5/6/13 report from Dr. [REDACTED] and he noted the patient had just

started PT and had increased activity. I do not have any reports that would dispute the information on the UR denial letter about the 10-sessions of PT already provided. The request for an additional 5 sessions would appear to exceed with MTUS guidelines when combined with the prior 10 sessions. The request for 5 additional physical therapy sessions is not medically necessary and appropriate