

Case Number:	CM13-0018300		
Date Assigned:	01/15/2014	Date of Injury:	12/08/2009
Decision Date:	04/07/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/29/2013

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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient reported a date of injury of 12/8/09. The treating physician report dated 7/26/13 indicates that the patient is status post L5/S1 fusion on 9/20/10 with chronic lumbar pain. The diagnoses listed are: 1.L5/S1 fusion 2.C spine DJD DD at C5/6 and C6/7 3.Left sciatica The utilization review report dated 7/30/13 states that 1 medical branch block (MBB) with fluoroscopic guidance bilateral L3-L5 is non certified and the prospective request for 1 prescription of Vicodin 5/500mg #60 was modified Vicodin 5/500mg #18. The rationale for the denial and modification were based on MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block L3-L5 with Fluoroscopic Guidance Bilateral: 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-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Facet Joint Signs & Symptoms.

Decision rationale: The patient presents with chronic lower back pain and left sciatica status post L5/S1 fusion. The examination findings on 7/26/13 state that the deep tendon reflexes are normal, pain on ROM 75% reduced, paraspinal muscle spasms in lumbar spine, trigger points L5 and left sciatic, sensory exam abnormal reduced in calf, motor exam abnormal and SLR is positive". The MTUS guidelines do not address facet joint block injections. The ODG guidelines state specifically the criteria used for facet joint pain injections include: tenderness to palpation over the facet region, a normal sensory examination, absence of radicular findings, normal straight leg rising. The patient has positive SLR and sciatic pain. ODG guidelines do not support facet evaluation when radicular symptoms are present. Furthermore, the treating physician has asked to investigate facet joint level at which there is fusion. Recommendation is for denial.

Vicodin 5/500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-82.

Decision rationale: The patient presents with chronic lumbar pain and left sciatic pain. The reports reviewed from 2/11/13 through 7/26/13 indicate that the patient has been using Vicodin since at least January of 2013. Given that the patient has previously had lumbar fusion and has continued complaints of pain, the recommendation for Vicodin may be warranted, however, the treating physician does not provide any discussion regarding pain reduction, specific functional changes and quality of life issues with the use of Vicodin. The reports reviewed state repeatedly that the patient has moderate and severe pain. No other discussion regarding how Vicodin helps the patient functionally or the amount of pain reduction while taking this medication. MTUS pgs 88, 89 recommends documentation of pain and functional improvement and compare to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The treating physician has failed to document any specific functional benefits at all for this patient. Recommendation is for denial.