

Case Number:	CM13-0033209		
Date Assigned:	12/06/2013	Date of Injury:	01/05/2010
Decision Date:	01/16/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/09/2013

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, 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 is a 68-year-old female who reported an injury on 01/05/2010 after reaching overhead for some notebooks on a shelf causing a popping sensation in her neck. The patient underwent a laminectomy and multi-level decompression at the C3 through C5. The patient also developed low back pain radiating into her lower extremities. The patient was treated conservatively with acupuncture, medications, physical therapy, and multiple epidural steroid injections. The patient had persistent cervical spine pain radiating into the left upper extremity and low back pain causing weakness and numbness in her left leg. The patient's medications included Norco 10/325 mg 3 times a day as needed and gabapentin 300 mg 3 times a day and were monitored by urine drug screens. It was noted that the patient's pain was tolerable as a result of these medications. The patient's most recent physical exam findings of the cervical spine included paracervical muscle spasms and tenderness to palpation. Physical exam findings of the lumbosacral spine included tenderness over the L4-5 and L5-S1 facet areas bilaterally. It is also noted that the patient has numbness in the left lower extremity that does not follow a dermatomal pattern and she had an absent dorsal pedis pulse absent on the left side. The patient's diagnoses included status post C3, C4, C5 laminectomy with residual pain, radicular symptoms to the left upper extremity, left lower extremity pain and numbness with vascular insufficiency ruled out, MRI findings of a disc bulge at the L1-2, and persistent axial lower back pain. The patient's treatment plan included continued medications and a diagnostic facet block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The clinical documentation submitted for review does indicate that the employee has persistent back complaints. The employee reports that the pain is responsive to medications. The MTUS guidelines recommend the continued usage of opioids for chronic pain management be supported by objective documentation of pain relief and functional benefit, assessment of side effects, and documentation of monitoring the patient for aberrant behavior. The clinical documentation submitted for review does provide evidence that the employee is taking the medication without side effects and that the employee is monitored with urine drug screens. However, the clinical documentation submitted for review does not provide any objective measures to support increased functional benefit and pain relief. As such, the requested Norco 10/325mg QTY: 60 is not medically necessary or appropriate.

Diagnostic facet block at the L4-5 medial branches: 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), Section Therapeutic Injections.

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 Chapter, Facet Blocks, Diagnostic.

Decision rationale: The clinical documentation submitted for review does provide evidence that the employee has some facet mediated pain. The ODG guidelines recommend facet medial branch blocks for patients with facet mediated pain and no evidence of radiculopathy. The clinical documentation submitted for review does indicate that the employee's pain and numbness is not associated with any specific dermatomal pattern. However, the employee does have an absent left dorsal pedal pulse. As the employee has a longstanding history of radicular symptoms and no other physical examination testing was provided to rule out radiculopathy as the pain generator, a diagnostic facet block at the L4-5 medial branches would not medically necessary or appropriate

Diagnostic facet block at the L5-S1 medial branches: 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), Section Therapeutic Injections.

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 Chapter, Facet Injections, Diagnostic.

Decision rationale: The clinical documentation submitted for review does provide evidence that the employee has some facet mediated pain. The ODG guidelines recommend facet medial branch blocks for patients with facet mediated pain and no evidence of radiculopathy. The clinical documentation submitted for review does indicate that the employee's pain and numbness is not associated with any specific dermatomal pattern. However, the employee does have an absent left dorsal pedal pulse. As the employee has a longstanding history of radicular symptoms and no other physical examination testing was provided to rule out radiculopathy as the pain generator, a diagnostic facet block at the L5-S1 medial branches would not medically necessary or appropriate.

Comprehensive metabolic profile: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Hypertension and Renal Function Page(s): 69.

Decision rationale: The MTUS guidelines recommend lab testing when there is longstanding use of non-steroidal anti-inflammatory drugs. The clinical documentation submitted for review does not provide any evidence that the employee is or has a history of frequent and consistent non-steroidal anti-inflammatory drug usage. Additionally, there has been no significant change in the employee's clinical presentation to support the need for this type of testing. As such, the requested comprehensive metabolic profile is not medically necessary or appropriate.

Complete blood count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Hypertension and Renal Function Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

Decision rationale: The MTUS guidelines recommend lab testing when there is longstanding use of non-steroidal anti-inflammatory drugs. The clinical documentation submitted for review does not provide any evidence that the employee is or has a history of frequent and consistent non-steroidal anti-inflammatory drug usage. Additionally, there has been no significant change in the employee's clinical presentation to support the need for this type of testing. As such, the requested complete blood count is not medically necessary or appropriate.