

Case Number:	CM13-0034361		
Date Assigned:	12/06/2013	Date of Injury:	01/21/2008
Decision Date:	03/10/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	10/15/2013

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 Texas. 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 61-year-old male who reported an injury on 01/21/2008. The patient is currently diagnosed with cervical spine sprain/strain syndrome, cervical radiculopathy, lumbar spine sprain/strain syndrome, lumbar radiculopathy, and status post fusion of the cervical spine. The patient was seen by [REDACTED] on 07/09/2013. The patient reported ongoing discomfort in the neck, bilateral shoulders, and low back pain with radiation to bilateral lower extremities. Physical examination revealed tenderness to palpation, decreased cervical range of motion, 5/5 motor strength in bilateral upper extremities, positive cervical compression testing bilaterally, tenderness in the lumbar spine, diminished lumbar range of motion, 5/5 motor strength in bilateral lower extremities, and positive straight leg raising. Treatment recommendations included cervical facet joint injections at C4-5, C5-6, and C6-7, transforaminal epidural steroid injections at L3 through S1, transportation to and from the procedure, and continuation of current medications including Vicodin, Celebrex, and Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

A cervical facet joint injection at C4-5, C5-6 and C7-8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 174, 181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections have no proven benefit in treating acute neck and upper back symptoms. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs and symptoms. No more than 2 joint levels are injected in 1 session. As per the documentation submitted, the patient did not demonstrate facet mediated pain upon physical examination on the requesting date of 07/09/2013. There was also no documentation of a recent failure to respond to conservative treatment including home exercise, physical therapy and NSAIDS prior to the procedure. Additionally, the request for facet joint injections at C4-5, C5-6, and C6-7 bilaterally exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.

A transforaminal epidural steroid injection at L3-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, the patient did not demonstrate signs or symptoms of radiculopathy upon physical examination on the requesting date of 07/09/2013. There was also no documentation of a recent failure to respond to conservative treatment including exercises, physical methods, NSAIDS and muscle relaxants. Additionally, California MTUS Guidelines state no more than 2 nerve root levels should be injected using transforaminal blocks. Based on the clinical information received, the request is non-certified.

Transportation to and from medical appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Transportation.

Decision rationale: Official Disability Guidelines state transportation to and from appointments is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self transport. As per the documentation submitted, transportation was requested following the patient's injection procedures. However,

as the patient's procedures have not been authorized, the concurrent request for transportation to and from medical appointments cannot be determined as medically necessary. As such, the request is non-certified.

A drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 43, 77, 89.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to access for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the documentation submitted, the patient's injury was greater than 5 years ago to date, and there is no indication of noncompliance or misuse of medication. There is also no evidence that this patient falls under a high risk category that would require frequent monitoring. Based on the clinical information received, the request is non-certified.

Pain management evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines from the State of Colorado Department of Labor and Employment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):
1. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, Office Visits

Decision rationale: California MTUS Guidelines state upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician should reconsider the diagnosis and decide whether a specialist evaluation is necessary. As per the documentation submitted, the patient does continue to report significant pain, and demonstrates tenderness to palpation with the reduced range of motion. Although the patient may meet criteria for pain management evaluation, any treatment requests thereafter would need to be reviewed separately. As such, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Vicodin 5/500mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

Flector patch #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): s 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The only FDA approved topical NSAID is diclofenac. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Additionally, topical diclofenac has not been evaluated for treatment of the spine. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Based on the clinical information received and the California MTUS Guidelines the request is non-certified.