

Case Number:	CM13-0035110		
Date Assigned:	12/18/2013	Date of Injury:	10/01/2007
Decision Date:	03/05/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/16/2013

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 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 is a 42 year old female with a date of injury on 10/1/07. The UR recommendation dated 10/3/13 is in response to an [REDACTED] denies the treatment/medication reviewed in this IMR. There are 11 reports from 3/5/13 - 9/17/13, that were reviewed, which indicate a diagnoses of degenerative disk disease, lumbar and status post spinal cord stimulator implantation on 5/16/13. The patient's complaints include low back pain and numbness in the right leg extending to the foot. The physician indicates a normal sensory exam, a positive straight right leg raise test at 50 degrees, marked tenderness over the facet joints bilaterally in the lower portion of the lumbar spine on palpation, and an MRI of the lumbar spine that shows a 4 mm right lateral disk protrusion and facet hypertrophy causing moderate right-sided foraminal stenosis at L4/L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet Joint Injection/Fluoroscopy: 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) -, Treatment Index, 11th Edition (web), 2013, Low Back- Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low Back

Decision rationale: MTUS & ACOEM do not provide guidance on facet joint injections, so ODG is applicable. ODG's Low Back section under "Facet joint injections, multiple series" was referenced, since the patient has received two series of bilateral facet joint injections at L4/L5 and L5/S1. ODG does not recommend multiple series of these injections, rather if a single facet joint intra-articular therapeutic injection is "successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy." [REDACTED] reports indicate a duplicate response to each of the two procedures, which is that the patient's "pain level decline[d] greater than 50% for a few weeks." While these results may meet the threshold for a positive response, [REDACTED] appears to be treating this patient for facet joint syndrome in the presence of radicular symptoms. This is not recommended per ODG guidelines. In fact, the presence of radicular pain down to the foot is one of the criteria for not performing facet diagnostic injections. In the presence of radiculopathy, the facetogenic back pain is unlikely. Recommendation is for denial.

Deluded 2 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain Section

Decision rationale: MTUS guidelines do not provide direction on IM pain injections, so ODG was referenced. Under ODG's Pain section and in reference to injections with anesthetics and/or steroids, this form of treatment "should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work." IM pain injections are inherently short acting and ordinarily restricted to addressing acute pain. There is no rationale provided for the injection, nor are there any notes indicating the level or duration of pain reduction of the prior injection of Deluded on 6/17/13. Recommendation is for denial.

Percocet 10/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: MTUS requires that practitioners prescribing opioids for 6 months or more (long-term use) "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Furthermore, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Finally, these measurements should include: "current pain; the least

reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There are no measurements of the pain, function, or quality of life for this medication dating back to April 2013, which would assist in validating the efficacy of this medication, per MTUS. Recommendation is for denial.

Phenergan 25 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/phenergan.html>.

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, Injection with anesthetics and/or steroids.

Decision rationale: MTUS guidelines do not provide direction on IM pain injections, so ODG was referenced. Under ODG's Pain section and in reference to injections with anesthetics and/or steroids, this form of treatment "should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work." IM pain injections are inherently short acting and ordinarily restricted to addressing acute pain. There is no rationale provided for the injection, nor are there any notes indicating the level or duration of pain reduction of the prior injection of Phenergan on 6/17/13. Recommendation is for denial.

Zanaflex 4 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain)..

Decision rationale: MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP and, in particular about tizanidine (Zanaflex) that this medication is proven effective with the treatment of low back pain. There are numerous findings in [REDACTED] patient reports that identify the use of this medication as a second-line option and the presence of chronic low back pain, as well as muscle spasticity, which are consistent with MTUS. Recommendation is for authorization.

Gym Membership: 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), Treatment Index, 11th Edition (web), 2013, Low Back Chapter-Gym Membership

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.

Decision rationale: MTUS does not provide guidance on gym memberships, so ODG was referenced. ODG does not recommend gym memberships as "a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." There is no discussion by [REDACTED] about the failure of a home exercise program, the need for specific equipment, or the inclusion of monitoring and administration by medical professionals in the gym membership, as required by guidelines. Recommendation is for denial.