

Case Number:	CM13-0035149		
Date Assigned:	12/13/2013	Date of Injury:	12/19/1993
Decision Date:	02/25/2014	UR Denial Date:	10/09/2013
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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 56-year-old male who reported an injury on 12/19/1993. The patient is diagnosed with lumbar disc degeneration and lumbosacral spondylosis without myelopathy. The patient was seen on 09/23/2013 for complaints of 8/10 low back pain with radiation to bilateral buttocks and the right thigh. Physical examination revealed decreased lumbar range of motion, tenderness to palpation of the lumbar facet joints at L4-5 and L5-S1, and intact sensation. Treatment recommendations included continuation of current medication, including Robaxin, Norco, and bilateral lumbar facet joint injections at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet injections with fluoroscopy and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable

merit. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs, and symptoms. Facet injections are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. As per the clinical documentation submitted, the patient previously underwent lumbar facet injections at L4-5 and L5-S1 on 07/22/2013. Documentation of at least 50% pain relief followed by objective measurable improvement was not provided. There were no imaging studies provided for review. Additionally, guidelines do not recommend the use of IV sedation, as it may be grounds to negate the results of a diagnostic block. Based on the clinical information received, the request is non-certified

Robaxin 750mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. 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 documentation of palpable muscle spasm, spasticity, or muscle tension upon physical examination. Based on the clinical information received, the request is non-certified.

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid 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. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Additionally, it is noted on a later date of 11/18/2013, the patient reported the Norco was no longer sufficiently allowing him to perform activities of daily living or alleviating his pain. Therefore, Norco was discontinued. Based on the clinical information received, the request is non-certified.