

Case Number:	CM13-0036610		
Date Assigned:	12/13/2013	Date of Injury:	02/07/2001
Decision Date:	02/26/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/21/2013

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 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 61-year-old female who reported an injury on 02/07/2001. The patient is diagnosed with spondylitic narrowing of C6-7, bilateral upper extremity radiculitis, right shoulder rotator cuff tendinitis, history of lumbar laminectomy, multilevel lumbar discogenic disease, bilateral lower extremity radiculopathy, cervical spine degenerative disc disease, and right knee degenerative disc disease. The patient was seen by [REDACTED] on 08/13/2013. The patient reported low back, right knee, and neck pain. The physical examination revealed spasm, painful and limited range of motion, positive straight leg raising, intact motor strength, tenderness to palpation over the lumbar facet joints bilaterally, and crepitation of the right knee. The treatment recommendations included continuation of current medication, including Norco and Temazepam, as well as an L4-S1 lumbar facet block bilaterally and a TENS/EMS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 13/325mg #180: Upheld

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

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

Decision rationale: The 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. As per the clinical documentation submitted, there is no evidence of a failure to respond to non-opioid analgesics prior to initiation of an opioid medication. There is also no documented functional improvement from previous usage. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Temazepam 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long term use, because long term efficacy is unproven and there is a risk of dependence. The patient has continuously utilized this medication. However, there is no documented medical indication for the use of this medication to treat this patient's current condition. There is also no documentation of symptomatic or functional improvement from previous use. Based on the clinical information received, the request is non-certified.

L4-S1 lumbar facet blocks bilaterally x 1: 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)

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 California MTUS/ACOEM Practice Guidelines state invasive techniques are of questionable merit. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs, and symptoms. As per the documentation submitted, there was no evidence of a failure to respond to at least 4 weeks to 6 weeks of conservative treatment, including home exercise, physical therapy, and NSAIDs. There was no imaging studies provided for review. Additionally, a previous request was submitted on 04/09/2013 for L4-S1 lumbar facet blocks bilaterally. Documentation of a previous procedure with treatment efficacy was not provided for review. Based on the clinical information received, the request is non-certified.

Massage therapy 1x8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Section.

Decision rationale: The California MTUS Guidelines state massage therapy is recommended as an option for specific indications. Massage therapy should be an adjunct to other recommended treatment and should be limited to 4 visits to 6 visits in most cases. The current request for 8 sessions of massage therapy exceeds guideline recommendations. Additionally, the patient has previously participated in a course of massage therapy. Documentation of the previous course with total treatment duration and treatment efficacy was not provided for review. There is no documentation of an ongoing home exercise program. Based on the clinical information received, the request is non-certified.

Purchase of home TENS/EMS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a non-invasive conservative option. As per the documentation submitted, a previous request on 04/09/2013 was submitted for a TENS/EMS unit. However, there is no documentation of a successful 1 month trial period. There is no evidence of a failure to respond to previous conservative treatment including medication. There is also no evidence of a treatment plan including the specific short and long term goals of treatment with a TENS unit. Based on the clinical information received, the request is non-certified.