

Case Number:	CM13-0041693		
Date Assigned:	12/20/2013	Date of Injury:	05/25/2012
Decision Date:	03/26/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/30/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

██████████ is a 47 year old man who sustained a work-related injury on May 25, 2012. Subsequently he developed chronic neck and back pain . According to the note of September 29, 2013, the patient was complaining of neck pain radiating to both upper extremities, upper back radiating to the abdomen and lower back pain radiating to both lower extremities. The patient was reported to have sleep difficulties, sexual dysfunction anxiety, dizziness, depression, headaches and weight gain. Physical examination demonstrated tenderness throughout the spine with reducing motion, decreased sensation in the C5 C7 dermatomes, decreased motor strength L5-S1 dermatomes, positive straight leg raising bilaterally, positive facet joints compression and positive sciatic tension tests. The patient was treated with pain medications, the lumbar epidural injections and lumbar bracing, physical therapy, acupuncture and home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

First Thoracic Epidural Steroid Injection at T10-T11, T11-T12, and T12-L1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. The thoracic pain reported in this patient did not follow a dermatoma distribution and MTUS guidelines does not recommend epidural injections for thoracic pain without clear evidence of radiculopathy. Therefore, First thoracic epidural steroid injection at T10-T11, T11-T12, AND T12-L1 is not medically necessary.

Thoracic Facet Joint Block at Medical Branch T10-T11, T11-T12 and T12-L1 Bilaterally (if successful proceed with rhizotomy or if less than adequate relief a repeat for confirmation): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 81.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint intra-articular injections (therapeutic blocks) (http://worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#Facetjointinjections)

Decision rationale: The MTUS and ODG guidelines did not support facet injection for thoracic pain. In addition, there is no clear evidence of radiculopathy or documentation that thoracic facets as main pain generator. Therefore Thoracic facet joint block at medical branch T10-T11, T11-T12, and T12-L1 bilaterally (if successful proceed with rhizotomy or if less than adequate relief a repeat for confirmation) is not medically necessary.

Medical Clearance with Internal Medicine Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Chronic pain programs, early intervention, Guidelines Assessing Red Flags and Indication for I.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints

compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003). The patient was not certified for thoracic epidural and facet injections, therefore, the request Medical clearance with internal medicine specialist is not medically necessary.

Psychological Evaluation for Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009, Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention, Guidelines Assessing Red Flags and Indication for Imm.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003). The patient was not certified for thoracic epidural and facet injections, therefore, psychological evaluation for clearance is not medically necessary.

Spine Orthopedic Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention, Guidelines Assessing Red Flags and Indication for Imm.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls

outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003). The patient was not certified for thoracic epidural and facet injections, therefore, Spine orthopedic consultation is not medically necessary.

30 Diclofenac 75mg, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac(Voltaren).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: Diclofenac is a nonsteroidal anti-inflammatory drug (NSAID). Diclofenac is used to treat a migraine headache attacks, with or without aura, in adults 18 years of age and older. It is not used to prevent migraine headaches. It is not used to treat a cluster headache. It is used for osteoarthritis pain. There is no clear documentation that the patient has migraine headaches. The developed cervical and lumbar tenderness and pain that may be relates to inflammatory osteoarthritis. However, the prescription of Diclofenac for 3 refills is nor medically necessary without periodic documentation of its safety and efficacy. Therefore, the prescription of 30 Diclofenac 75mg, 3 refills is not medically necessary.

90 Norco 5/325mg (3 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009, Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). There no clear documentation of the efficacy/safety of previous use of Hydrocodone/Acetaminophen. There is no clear justification for the need to continue the use of Norco. Therefore, the prescription of retrospective and prospective usage of 90 Norco 5/325mg (3 refills) is not medically necessary at this time.

90 Tizanidine 4mg (3 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), May 2009.

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

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of spasm and the prolonged use of 90 Tizanidine 4mg (3 refills) is not justified. The request is not medically necessary.

60 Trazodone 50mg (3 refills): 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), Chronic Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schwartz, T., et al. (2004). "A comparison of the effectiveness of two hypnotic agents for the treatment of insomnia." *Int J Psychiatr Nurs Res* 10(1): 1146-1150

Decision rationale: The patient records indicated that the patient suffered difficulty falling asleep, however the long-term use of Trazodone is not recommended. Therefore, 60 Trazodone 50mg (3 refills) is not medically necessary.