

Case Number:	CM13-0043487		
Date Assigned:	12/27/2013	Date of Injury:	11/07/2002
Decision Date:	07/23/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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 expert 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 injured worker is a man with a date of injury of 11/7/02. He was seen by his secondary treating physician on 9/16/13 to evaluate a computed tomography (CT) scan done in 2012. The physician stated that he believed there was a good solid fusion at L5-S1 and that he does not have facet pain front hat site. A request for a periarticular facet block at L4-5. There was also a request for 6 sessions of physical therapy on 9/20/13 with no records as to whether therapy occurred or not. A prescription for Norco and Voltaren was given. He has had prior facet joint blocks with greater than 50% pain relief for 9-12 months. He was seen by his primary treating physician on 10/23/13 with complaints of low back pain and right lower extremity pain. He had tender paraspinals on exam with pain on extension and with straight leg raise. He had decreased range of motion of his lumbar spine. A pain management consult was requested. At issue in this review is the pain management consult, L4-5 facet block, Norco, Volatren and 18 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO 7.5/325MG, #60 WITH 1 REFILL: 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 Opioids Page(s): 74-80.

Decision rationale: This injured worker has chronic back pain with an injury sustained in 2002. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The medical doctor visits of 9/13 and 10/13 fail to document any improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The records do not substantiate the medical necessity of Norco with one refill.

PRESCRIPTION OF VOLTAREN XR 100MG, #60 WITH 1 REFILL: 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 NSAIDs (Non-steroidal Anti-inflammatory Drugs) Page(s): 66-73.

Decision rationale: This injured worker has chronic back pain with an injury sustained in 2002. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The doctor visits of 9/13 and 10/13 fail to document any improvement in pain, functional status or side effects to justify ongoing use. The records do not substantiate the medical necessity of Voltaren with one refill.

PHYSICAL THERAPY SESSIONS QTY: 18: 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 Physical Medicine Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to three visits per week to one or less, plus active self-directed home therapy. This injured worker has chronic back pain with an injury sustained in 2002. His medical course has included numerous diagnostic and treatment modalities including surgery, acupuncture and long-term use of several medications including narcotics. In this injured worker, physical therapy has already been certified for six visits in 9/13 as a modality and a self-directed home program should be in place. The records do not indicate the progress made or why an additional 18 sessions is

requested. The records do not support the medical necessity for an additional 18 physical therapy visits in this individual with chronic back pain.

ONE BILATERAL PERIARTICULAR FACET BLOCK AT L4/L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) Page(s): 35.

Decision rationale: Facet joint injections are of questionable merit in low back pain. Though the history and exam do suggest radicular pathology, the worker does not meet the criteria, as there is not clear evidence in the records that he has failed conservative treatment with exercises, physical methods, or medications. Additionally, the facet injection has already been provided in the past with only minimal improvement in his symptoms and the imaging studies that the request is based on are from 2012. The records do not substantiate the medical necessity of a bilateral periarticular facet block at L4-5.

ONE PAIN MANAGEMENT CONSULT: 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 Functional Improvement Page(s): 7.

Decision rationale: This injured worker has chronic back pain with an injury sustained in 2002. His medical course has included numerous diagnostic and treatment modalities including surgery, acupuncture and long-term use of several medications including narcotics. A comprehensive multidisciplinary approach to pain management is indicated for patients with more complex or refractory problems. His physical exam and radiographic findings do not support this complexity. He was simultaneously referred for several additional modalities including physical therapy and a periarticular facet joint injection. A pain management consult is not medically substantiated in the records.