

Case Number:	CM13-0048753		
Date Assigned:	12/27/2013	Date of Injury:	02/26/2002
Decision Date:	02/28/2014	UR Denial Date:	10/19/2013
Priority:	Standard	Application Received:	11/06/2013

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 Texas. 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 58-year-old male who reported an injury on 02/26/2002. The mechanism of injury was not submitted. The patient was diagnosed with chronic sprain/strain of the cervicothoracic spine and associated muscuoligamentous structures with moderate disc degeneration at C5-6 and C6-7. The patient was also diagnosed with chronic bilateral shoulder tendonitis and impingement, chronic sprain/strain of the thoracolumbosacral spine and associated musculoligamentous structures with facet arthropathy lumbar spine, moderate obstructive sleep apnea syndrome with hypersomnia, internal derangement (both knees) with status post right knee arthroscopy with posttraumatic arthrosis, left knee internal derangement with medial meniscal tear, status post left knee arthroscopic surgery, partial medial meniscectomy and chondroplasty and partial synovectomy done on 09/22/2011, facet arthropathy of the cervical spine and dental problems. The patient complains of persistent pain to both knees, left worse than right. The patient reported stiffness. The physical examination of the knees revealed joint line tenderness, crepitus, weakness to the left knee with flexion and extension secondary to knee pain. The patient also complained of low back pain. Soma was the only medication listed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic and therapeutic facet blocks - lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet joint diagnostic injections.

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, Facet joint diagnostic blocks (injections).

Decision rationale: The guidelines state that invasive techniques (e.g. local injections and facet joint injections of cortisone and Lidocaine) are of questionable merit. Although epidural steroid injections may offer short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. The Official Disability Guidelines state no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study). The guidelines state that facet joint diagnostic blocks are limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. There must also be documentation of failure of conservative treatment (including home exercise, physical therapy, and nonsteroidal anti-inflammatory drugs (NSAIDs)) prior to the procedure for at least 4 to 6 weeks. The patient continued to complain of low back pain; however, no objective clinical documentation was submitted for review indicating a failure of conservative therapy. The request also did not include the level(s) of the requested blocks. Given the lack of documentation to support guideline criteria, the requested services are not medically necessary or appropriate at this time

Diagnostic and therapeutic facet blocks - cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back, Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back, Facet joint diagnostic blocks (injections).

Decision rationale: The guidelines state that invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines recommend facet joint diagnostic blocks prior to facet neurotomies. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The guidelines also state that facet joint diagnostic blocks are limited to patients with cervical pain that is nonradicular and at no more than 2 levels bilaterally. There must also be documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4 to

6 weeks. The patient continued to complain of back pain and knee pain; however, no objective clinical documentation was submitted indicating failure of conservative treatment or the patient's functional deficits. The request also failed to provide the level(s) of the requested injections. Given the lack of documentation to support guideline criteria, the requested services are not medically necessary or appropriate at this time.

Second opinion consultation - bilateral knees for correct knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13) pages 346-347

Decision rationale: The ACOEM Guidelines state referrals may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery (such as substance abuse) or has difficulty obtaining information or agreement to a treatment plan. The clinical documentation submitted for review does not indicate that the practitioner is practicing outside of his scope of practice. The documentation does not support medical necessity at this time. In regards to corrective brace for the bilateral knees, the guidelines recommend bracing for rest and immobilization for short periods of time after an acute injury to relieve symptoms. The guidelines also recommend functional bracing as a part of a rehabilitation program or prolonged bracing for ACL deficient knees. The clinical documentation does not support medical necessity at this time. Given the lack of documentation to support guideline criteria, the requested services are not medically necessary or appropriate at this time.

Soma 350mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Carisoprodol (Soma); Muscle relaxants Page(s): 29, 6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma®) Page(s): 29.

Decision rationale: The MTUS Guidelines do not recommend Soma. The guidelines state that the medication is not indicated for long-term use. The patient continued to complain of back pain and knee pain; however, the documentation submitted does not support medical necessity at this time. Also, the documentation does not indicate how long the patient has been taking Soma. Given the lack of documentation to support guideline criteria, requested Soma is not medically necessary or appropriate at this time.