

Case Number:	CM13-0054481		
Date Assigned:	12/30/2013	Date of Injury:	10/01/2001
Decision Date:	03/18/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/19/2013

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 Occupational 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:

The patient is a 50 year old male with date of injury 10/1/2001. Per progress note dated 9/21/2013, the patient has a history of chronic low back pain and gluteal pain with associated lower extremity aching, burning and numbness bilaterally. He reported increased pain with bending, activities, extension, changing positions, flexion, lifting, lying/rest, rolling over in bed, standing, sitting, twisting and walking. It was noted that pain levels were 10/10 without medications and 3/10 with medications. On exam there was pain with lumbar motion, radiation to left leg with straight leg raise testing, decreased sensation in the left L5 and S1 dermatomes and blunted left Achilles reflex. Motor function was noted to be normal. Head and toe walk and coordination were normal. Tenderness was noted over lower lumbar facets and facet loading maneuvers were positive in the left L4-S1 region. Diagnoses include 1) lumbago 2) muscle spasms 3) chronic pain due to trauma 4) thoracic or lumbosacral neuritis or radiculitis 5) COAT 6) degeneration of lumbar or lumbosacral intervertebral 7) lumbosacral spondylosis without myelopathy 8) myalgia and myositis, unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar medial branch nerve block at L3, L4, L5 bilaterally under fluoroscopy and IV sedation between 9/24/2013 and 12/6/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 301, 309.

Decision rationale: The provider has noted that the claimant reported good relief with two or three prior ESIs noting the leg pain disappeared. However, relief was only 1 month. Additionally, the claimant suffered a prior crush injury to the left leg, which resulted in leg length discrepancy, pain and numbness. The provider also noted that the lumbar MRI did not provide clear evidence of nerve root compression, and the facet blocks would be diagnostic and would be used to manage the facet component of back pain. The use of facet blocks is not supported by these guidelines. The request for 1 lumbar medial branch nerve block at L3, L4, L5 bilaterally under fluoroscopy and IV sedation between 9/24/2013 and 12/6/2013 is determined to not be medically necessary.

1 prescription of Lortab 10/500mg #180 with 1 refill between 9/24/2013 and 12/6/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1 prescription of Lortab 10/500mg #180 with 1 refill between 9/24/2013 and 12/6/2013 Page(s): 80.

Decision rationale: The claimant is currently prescribed a maximum of 60 mg oral morphine equivalents per day. This is less than the Chronic Pain Guidelines recommended ceiling of 120 mg oral morphine equivalents per day. The claimant has also been on stable medication regimen for over 1 year with reported functional improvement and pain control. Per the guidelines quoted above, the claimant is in a maintenance phase of chronic opioid pain management. Although there are precautions in such management by these guidelines, weaning from these medications would require significant medical planning and alternatives to pain management. The request for 1 prescription of Lortab 10/500mg #180 with 1 refill between 9/24/2013 and 12/6/2013 is determined to be medically necessary.

1 lab test to include Morphine serum level between 9/24/2013 and 12/6/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Drug Testing Page(s): 43; 78.

Decision rationale: The use of morphine serum level is not addressed in these guidelines, and therefore would be a test other than the recommended urine drug screening that would require justification by the requesting provider. There is no indication in the clinical documents provided for review that a urine drug screening is not appropriate, possibly necessitating a morphine

serum level. The request for 1 lab test to include morphine serum level between 9/24/2013 and 12/6/2013 is determined to not be medically necessary.