

Case Number:	CM13-0062559		
Date Assigned:	12/30/2013	Date of Injury:	02/01/2013
Decision Date:	05/16/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 51-year-old male who reported an injury on 02/01/2013. The mechanism of injury was that the injured worker was earthquake-proofing a freeway 24 feet by 24 feet by 6 to 8 inches deep. When the crane was lower rebar into the hole, the injured worker's supervisor ordered him to unhook the chain around the rebar, then someone screamed "man in the hole." The crane operator lived the rebar 3 to 6 feet in the air and then dropped it. The injured worker indicated that he landed half on the rebar and half on the road, and his hardhat landed across the road. The medication history included opiates as of 02/2013. The documentation of 11/05/2013 revealed that the injured worker had bilateral low back, bilateral neck and bilateral thoracic pain. The injured worker had tenderness to palpation of the cervical, thoracic and lumbar paraspinal muscles overlying the bilateral L3-S1 joints. The injured worker's diagnoses included bilateral lumbar facet joint pain, facet arthropathy, moderate facet joint hypertrophy of the bilateral L4-S1 with facet joint effusions, lumbar sprain/strain, cervical facet joint arthropathy and cervical sprain/strain as well as thoracic facet joint pain. The recommendations/treatment included a fluoroscopically-guided bilateral L4-5 and L5-S1 facet joint medial branch block to evaluate for the presence of lumbar facet joint pain, OxyContin 20 mg 1 by mouth twice a day #60 and a follow-up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 20MG, 1 TABLET BY MOUTH TWICE A DAY, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and Ongoing Management Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective decrease in pain and objective functional improvement and documentation that the injured worker is being monitored for aberrant drug behaviors and documentation of side effects. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for greater than 6 months. The clinical documentation indicated that the injured worker was being monitored for aberrant drug behavior through urine drug screens. There was a lack of documentation of the objective functional benefit, objective decrease in pain and side effects. Given the above, the request for OxyContin 20 mg 1 tablet by mouth twice a day #60 is not medically necessary.

FLUOROSCOPICALLY GUIDED DIAGNOSTIC BILATERAL L4-L5 AND BILATERAL L5-S1 FACET JOINT MEDIAL BRANCH BLOCK: 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) Treatment Index, 11th Edition, Low Back- Facet Joint Diagnostic Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Medial Branch Block

Decision rationale: ACOEM Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders. However, despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic. The ACOEM guidelines do not address the criteria for Medial Branch Blocks. As such, there is the application of the Official Disability Guidelines, which indicate that facet joint medial branch blocks as therapeutic injections are not recommended except as a diagnostic tool as minimal evidence for treatment exists. The Official Disability Guidelines recommend that for the use of diagnostic blocks, the injured worker have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. The clinical documentation submitted for review indicated that the injured worker had tenderness to palpation over the lumbar paraspinals. The injured worker's nerve tension signs were negative bilaterally. However, there was a lack of documentation of a straight leg raise and a sensory examination. The DWC Form RFA submitted in appeal indicated that additional documentation had been sent dated 12/03/2013. The clinical documentation dated 12/03/2013 revealed that the injured worker had tenderness over the paraspinal muscles. The recommendation was an appeal for the injection as the injured worker had failed physical therapy, NSAIDs and conservative treatment and had findings of lumbar extension more painful than flexion and tenderness upon palpation of the lumbar paraspinal

muscles overlying the bilateral L3-S1 joints. However, there was a lack of documentation of a sensory examination, and there was a lack of documentation indicating that the injured worker had no radicular findings, and it was indicated that the injured worker's nerve root tension signs were negative bilaterally. Given the above and the lack of documentation of a normal sensory examination and the results of a straight leg raise examination, the request for a fluoroscopically-guided diagnostic bilateral L4-5 and bilateral L5-S1 facet joint medial branch block is not medically necessary.