

Case Number:	CM13-0066838		
Date Assigned:	01/03/2014	Date of Injury:	09/22/2009
Decision Date:	04/21/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 patient is a 46-year-old female who reported an injury on 09/22/2009. The mechanism of injury was noted to be that the patient was lifting buckets of wet plaster, heard a pop in the low back, and felt a burning pain in the low back. The patient's medication history included Prilosec and Flexeril as of 2012. The patient had an L4-5 transforaminal lumbar interbody fusion on 10/25/2012. The examination of 11/06/2013 revealed that the patient had complaints of severe back pain and had pain with flexion and extension. The patient indicated these severe symptoms radiated into his left buttock region. The patient indicated he could not sit or stand because of his symptoms. The patient was unable to take Ketoprofen and gabapentin due to a skin rash from the medications. The patient indicated that when he is pushing his back against a hard surface, he is in extreme pain. The physician opined that the symptoms correlate with symptomatic lumbar hardware and the physician discussed a potential lumbar hardware block and the patient wanted to proceed. The diagnoses were noted to include status post L4-5 TLIF on 10/25/2012 and facet disease of L5-S1. The request was made for an L3-4 and L4-5 bilateral facet hardware block and the patient was given medications including Prilosec and Flexeril, as well as tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET HARDWARE BLOCK RIGHT L3-4: 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), Low Back Chapter, Hardware Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Hardware Injection.

Decision rationale: Official Disability Guidelines recommend hardware injections for diagnostic evaluation of failed back surgery syndrome. Additionally, the injection is performed on patients who underwent a fusion in order to determine if the continued pain is caused by the hardware. The clinical documentation submitted for review failed to indicate if the request was for a diagnostic or for a therapeutic injection. Given the lack of documentation indicating whether the hardware injection was diagnostic or therapeutic in purpose, the request for facet hardware block right L3-4 is not medically necessary.

FACET HARDWARE BLOCK LEFT L3-4: 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), Low Back Chapter, Hardware Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Hardware Injection.

Decision rationale: Official Disability Guidelines recommend hardware injections for diagnostic evaluation of failed back surgery syndrome. Additionally, the injection is performed on patients who underwent a fusion in order to determine if the continued pain is caused by the hardware. The clinical documentation submitted for review failed to indicate if the request was for a diagnostic or for a therapeutic injection. Given the lack of documentation indicating whether the hardware injection was diagnostic or therapeutic in purpose, the request for facet hardware block left L3-4 is not medically necessary.

FACET HARDWARE BLOCK RIGHT L4-5: 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), Low Back Chapter, Hardware Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Hardware Injection.

Decision rationale: Official Disability Guidelines recommend hardware injections for diagnostic evaluation of failed back surgery syndrome. Additionally, the injection is performed

on patients who underwent a fusion in order to determine if the continued pain is caused by the hardware. The clinical documentation submitted for review failed to indicate if the request was for a diagnostic or for a therapeutic injection. Given the lack of documentation indicating whether the hardware injection was diagnostic or therapeutic in purpose, the request for facet hardware block right L4-5 is not medically necessary.

FACET HARDWARE BLOCK LEFT L4-5: 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), Low Back Chapter, Hardware Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Hardware Injection.

Decision rationale: Official Disability Guidelines recommend hardware injections for diagnostic evaluation of failed back surgery syndrome. Additionally, the injection is performed on patients who underwent a fusion in order to determine if the continued pain is caused by the hardware. The clinical documentation submitted for review failed to indicate if the request was for a diagnostic or for a therapeutic injection. Given the lack of documentation indicating whether the hardware injection was diagnostic or therapeutic in purpose, the request for facet hardware block left L4-5 is not medically necessary.

FLUOROSCOPY GUIDANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRILOSEC: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): 69.

Decision rationale: California MTUS Guidelines indicate that PPIs are appropriate for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the patient had been taking the medication since 2012. There was a lack of documentation of the efficacy of the requested medication. The request as submitted failed to

indicate the quantity as well as the strength of medication being requested. Given the above, the request for Prilosec is not medically necessary.

FLEXERIL 10MG #90 WITH 1 REFILL: Upheld

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

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

Decision rationale: California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated that the patient had been on the medication since 2012. There was a lack of documentation of objective functional improvement. There was a lack of documentation indicating a necessity for a refill of the med without reevaluation. Given the above, the request for Flexeril 10mg #90 with 1 refill is not medically necessary.