MAXIMUS Federal Services

Case Number:	CM14-0001128		
Date Assigned:	01/24/2014	Date of Injury:	08/31/2007
Decision Date:	08/21/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/03/2014

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 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 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 underlying date of injury in this case is 08/31/2007. The patient's treating diagnoses include L2 through S1 disc degeneration with facet arthropathy and an L5-S1 radiculopathy. The treating orthopedic spine surgeon saw the patient in followup on 11/18/2013 and noted the patient had severe worsening pain. He was authorized for physical therapy but did not wish to proceed with this and had refused injections. On exam the patient had absent ankle jerks and reduced spinal motion, particularly in flexion. A lumbar MRI showed multilevel spondylosis with an osteophyte disc complex at L3-4. Strength was normal in the lower extremities. The treating physician diagnosed the patient with a left L5 radiculopathy as well as facet arthropathy at multiple levels and recommended treatment including Norco as well as facet blocks and possible radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, #90 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids for chronic pain, page 80, state that opioids are not effective for chronic pain and are not recommended for chronic back pain particularly beyond 16 weeks. The medical records do not provide alternative rationale or indication or documentation of the four A's of opioid use to support an exception to this guideline. This request is not medically necessary.

FACET BLOCKS AT L3-S1 WITH RFA IF DIAGNOSTIC: 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 (WEB), 2013, LOW BACK, FACET JOINT DIAGNOSTIC BLOCKS (INJECTIONS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 360.

Decision rationale: The ACOEM Guidelines, chapter 12/low back, page 360, state that invasive techniques including intra-articular facet injections are of questionable merit. Moreover, the indication for facet blocks would particularly be unclear at multiple levels such as requested in this case; it is therefore unclear that this patient has specific focal facet-mediated pain which would be amenable to treatment. Additionally, if facet blocks were to be done diagnostically, those results should be evaluated before proceeding to radiofrequency ablation. Therefore, a simultaneous request for both diagnostic blocks and radiofrequency ablation would not be supported by the treatment guidelines. For these multiple reasons, this request is not supported by the treatment guidelines. This request is not medically necessary.