

Case Number:	CM14-0002710		
Date Assigned:	01/29/2014	Date of Injury:	01/25/1996
Decision Date:	07/02/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 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:

Patient is a 63-year-old female who has submitted a claim for cervicgia, status post L4-L5 fusion, L3-L4 degenerative spondylolisthesis and stenosis associated with an industrial injury date of 01/25/1996. Medical records from 2013 were reviewed. Patient complained of severe low back pain extending up to the sacroiliac joint, graded 9/10 in severity, radiating to the right lower extremity. She likewise complained of neck pain and bilateral knee pain, graded 9/10. She likewise experienced depression, and sleeping difficulty. Physical examination of bilateral knees revealed tenderness with minimal restriction in motion. MRI of the lumbar spine, dated 07/02/2009, revealed degenerative changes with right lateral recess stenosis related to recurrent disc vs scar tissue at L3-L4 level. CT scan of the lumbar spine, dated 11/30/2010, revealed spinal stenosis at L3-L4 with neural foraminal narrowing bilaterally. Compression of the thecal sac including the bilateral L4 nerve root was noted. MRI of the cervical spine, dated 02/04/2011, revealed a 2 mm central disc that impressed the thecal sac; with mild foraminal narrowing due to facet arthrosis at level C5-C6. Repeat MRI on 12/07/2012 showed moderate left foraminal narrowing of C5-C6. Treatment to date has included L4-L5 fusion in 2007, physical therapy, Synvisc injection, trigger point injections, epidural injections, and medications such as Fentanyl patch, Dexilant, Flexeril, Norco, and Synthroid. Utilization review from 12/12/2013 denied the requests for pain management consultation because patient was already seen by a pain management specialist; diagnostic C5-C6 facet block, lumbar facet blocks at L3-L4, psychiatric consultation because there were no complaints that may warrant referral to psychiatry, office visits follow-up in 4 - 6 weeks for re-evaluation, and random urine toxicology screening because there was no clear documentation concerning drug management program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION: 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), Cervical Spine, Lumbar Spine and Pain Sections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient has been complaining of neck, low back, and bilateral knee pain despite physical therapy and intake of medications. However, a pain specialist on 09/11/2013 already examined the patient. Recommendations included initiating Opana, and cervical facet block, which was subsequently accomplished on 01/06/2014. There is no clear indication for consultation to a different specialist at this time. The medical necessity has not been established. Therefore, the request for pain management consultation is not medically necessary.

DIAGNOSTIC C5-C6 FACET 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), Cervical Spine, Lumbar Spine and Pain Sections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175.

Decision rationale: Pages 173-175 of CA MTUS ACOEM Guidelines state that Invasive techniques (e.g., facet joint blocks) 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. In this case, patient presented with chronic symptoms of cervical pain. He was seen by a pain management specialist, and was advised to undergo facet block injection. However, the official report from the specialist was not made available for review. Medical records submitted did not provide any physical examination findings concerning the body part to be treated. The medical necessity has not been established due to lack of documentation. Therefore, the request for diagnostic C5-C6 facet block is not medically necessary.

LUMBAR FACET BLOCKS L3-L4: 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), Cervical Spine, Lumbar Spine and Pain Sections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation (ODG) Low Back Section, Facet Joint.

Decision rationale: Page 300 of CA MTUS ACOEM Guidelines supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for diagnostic facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. In this case, the documented rationale is to determine the location of pain generator for a possible radiofrequency ablation, as an attempt to avoid surgical interventions. Patient complained of severe low back pain despite physical therapy, epidural steroid injection, and intake of medications. However, patient reported of radicular pain extending to the right lower extremity, which is not recommended as stated above. Guideline criteria were not met. Moreover, there are no physical examination findings in the medical records submitted. Therefore, the request for lumbar facet blocks L3-L4 is not medically necessary.

PSYCHIATRIC CONSULTATION: 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), Cervical Spine, Lumbar Spine and Pain Sections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the documented rationale is to provide psychological clearance prior to facet block injection, as well as, due to concomitant depression of the patient. However, there is no evidence concerning the period of time that patient presented with depression. There is likewise no elaboration of the patient's symptoms that may warrant referral to psychiatry. Moreover, the facet block procedure has been deemed unnecessary. Therefore, the request for psychiatric consultation is not medically necessary.

OFFICE VISIT FOLLOW UP IN 4-6 WEEKS FOR RE EVALUATION: 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), Cervical Spine, Lumbar Spine and Pain Sections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Section, Office Visits.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient complained of persistent neck, low back, and bilateral knee pain. Recommended treatment included facet block, medication intake, and consultation to different specialists. Monitoring of patient's response to therapy is necessary to modify goals of treatment. The medical necessity has been established; however, the exact quantity of office visits was not specified. Therefore, the request for office visit follow up in 4-6 weeks for re evaluation is not medically necessary.

RANDOM URINE TOXICOLOGY SCREENING: 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), Cervical Spine, Lumbar Spine and Pain Sections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Use of Opioids Chapter, Urine Drug Screening for Patients Prescribed Opioids for Chronic Pain.

Decision rationale: As stated on CA MTUS ACOEM Guidelines for the Chronic Use of Opioids, routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that it can identify aberrant opioid use. It is indicated for all patients on chronic opioid use for chronic pain. Screening should also be performed "for cause" (e.g., provider suspicion of substance misuse). In this case, patient is on both Fentanyl patch and Norco for treatment of cervical, low back, and bilateral knee pain. However, there was no evidence in the medical records submitted concerning aberrant drug use behavior. Moreover, the length of time that patient has been on opioids was not documented. The medical necessity has not been established at this time. Therefore, the current request for random urine toxicology screening is not medically necessary.