

Case Number:	CM14-0008129		
Date Assigned:	02/12/2014	Date of Injury:	08/27/2002
Decision Date:	07/28/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 Orthopedic Surgery 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 injured worker is a 51 year old male who injured his lower back in August 2002. It is also noted that the case has been settled. There were ongoing complaints of low back pain and a spinal cord stimulator was requested and not certified in the pre-authorization process. The injured worker continues to imbibe analgesic and muscle relaxant medications. Past treatment has included surgical intervention and post-operative care. A lumbar brace has also been employed. The records reflect a return to work with restrictions. Imaging studies report multiple level ordinary diseases of life degenerative changes with no noted stenosis. The physical examination notes a 5'5" 169 lb gentleman in no acute distress. A decrease in lumbar range of motion is reported. The noted "sprain/strain" resulted in multiple imaging studies and this led to surgical intervention. No significant improvement is objectified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL CLEARANCE FOR TRIAL OF SPINAL CORD STIMULATOR:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 101.

Decision rationale: When considering the date of injury, the initial and subsequent physical examination findings reported, the lack of significant response to the interventions and that there is no history of any psychiatric malady, there is no data to suggest that a psychiatric consultation is necessary to ascertain the spinal cord stimulator.

BILATERAL FACET MEDIAL BRANCH INJECTION AT L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: When noting the injury sustained, the treatment rendered and the lack of specific facet joint pathology, tempered with the MTUS that does not support such injections, there is no data presented to warrant this request. The MRI study noted multiple mild disease and no associated pathology or stenosis.

BILATERAL FACET MEDIAL BRANCH INJECTION AT L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: When noting the injury sustained, the treatment rendered, the lack of specific facet joint pathology, and the California MTUS that does not support such injections, there is no data presented to warrant this request. The MRI study noted multiple mild disease and no associated pathology or stenosis.

BILATERAL FACET MEDIAL BRANCH INJECTION AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: When noting the injury sustained, the treatment rendered, the lack of specific facet joint pathology, and the California MTUS that does not support such injections, there is no data presented to warrant this request. The MRI study noted multiple mild disease and no associated pathology or stenosis.

30 DILAUDID 4 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51, 74-75, 79-81, 93.

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

Decision rationale: When noting the date of injury, the other medication reported and that there is no objectified improvement with this medication; that lack of efficacy would not support the continued use of this medication. This injured employee is taking several narcotics and the lowest possible dosage is all that would be supported. As such there is no clinical indication for this preparation.

VOLTAREN 75 MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Page(s): 21.

Decision rationale: There is an analgesic component to this preparation. Further when noting the ordinary disease of life co-morbidity of multiple level facet joint disease, there is a clinical indication for this preparation to address the unrelated co-morbidity reported.

SOMA 350 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soporodal 350, Vanadom, Generic Available) Page(s): 65.

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

Decision rationale: Muscle relaxant medications are indicated for short term interventions alone and not indefinite utilization. There are no indicators of any utility or efficacy and this lack of improvement speaks against the use of this potentially harmful preparation. Additionally, the literature does not support the use of this medication as other short term medications are to be employed (briefly) when necessary.