

Case Number:	CM14-0010426		
Date Assigned:	02/21/2014	Date of Injury:	11/28/1996
Decision Date:	08/15/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 48-year-old female who has submitted a claim for lumbar failed back surgery syndrome associated with an industrial injury date of 11/28/1996. The medical records from 2013 to 2014 were reviewed. The patient complained of mid and low back pain radiating to the right hip and left lateral foot, graded 3/10 in severity, associated with numbing sensation. A physical examination revealed paralumbar tenderness, Areflexia at bilateral ankle, the sensation was diminished at right L5 dermatome and the gait was mildly antalgic. The treatment to date has included L4-S1 fusion surgery, and Avinza. The utilization review from 01/21/2014 denied the request for selective nerve root block, right L4-5; selective nerve root block, right L5-S1 and S1; fluoroscopic guidance, x-ray, needle localization, and pedicle screw block because facet blocks are contraindicated in status post lumbar fusion surgery. The reason for denial of Avinza 120mg and Avinza 30mg were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

SELECTIVE NERVE ROOT BLOCK, RIGHT L4-5 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the documented rationale is because the patient demonstrated intensive pain over the right L4-L5 level, probably coming from pedicle screws and hardware. The patient complained of low back pain radiating to the right hip and left foot with numbing sensation. Objective findings included dysesthesia and Areflexia. However, there was no available MRI or electrodiagnostic study that may corroborate patient's manifestations. The medical necessity was not established due to insufficient information. Therefore, the request for selective nerve root block, right L4-5 is not medically necessary.

SELECTIVE NERVE ROOT BLOCK, RIGHT L5-S1 AND S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the documented rationale is because the patient demonstrated intensive pain over the right L4-L5 level, probably coming from pedicle screws and hardware. The patient complained of low back pain radiating to the right hip and left foot with numbing sensation. Objective findings included dysesthesia and Areflexia. However, there was no available MRI or electrodiagnostic study that may corroborate patient's manifestations. The medical necessity was not established due to insufficient information. Therefore, the request for selective nerve root block, right L5-S1 and S1 is not medically necessary.

FLUOROSCOPIC 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.

X-RAY, NEEDLE LOCALIZATION: 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.

PEDICLE SCREW BLOCK: 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.

AVINZA 120MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81, 86-87, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Avinza since January 2013. A progress report from 01/09/2014 cited that patient had good compliance with medication use. The patient was able to walk for 10 minutes, sit for 15 minutes, and stand for 5 minutes with the use of opioids. Guideline criteria were met. However, the present request failed to specify the quantity to be dispensed. The request is incomplete; therefore, the request for Avinza 120 mg is not medically necessary.

AVINZA 30MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81, 86-87, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Avinza since January 2013. A progress report from 01/09/2014 cited that patient had good compliance with medication use. The patient was able to walk for 10 minutes, sit for 15 minutes, and stand for 5 minutes with the use of opioids. Guideline criteria were met. However, the present request failed to specify the quantity to be dispensed. The request is incomplete; therefore, the request for Avinza 30 mg is not medically necessary.