

Case Number:	CM14-0154543		
Date Assigned:	09/24/2014	Date of Injury:	12/14/2000
Decision Date:	10/24/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of December 14, 2000. A utilization review determination dated September 12, 2014 recommends non-certification of a secondary and confirmatory lumbar medial branch block and Dilaudid 8 mg #120 with modification to Dilaudid 8mg #90 for weaning purposes. A progress note dated August 26, 2014 identifies subjective complaints of ongoing chronic severe low back and leg complaints with left buttock pain, the patient reports increased low back pain and radicular bilateral lower extremity pain due to stress, and the patient reports that her current medication regimen helps keep her pain well managed. Her pain score without medications is a 10/10 and with medications for pain score is a 6/10, her pain score on the day of the visit is a 9/10, the patient reports that the medications prescribed are keeping her functional allowing for increased mobility, and tolerance of ADLs and home exercises. Physical examination identifies tenderness to palpation of the thoracic paraspinal muscles, tenderness to palpation of the lumbar paraspinal muscles, lumbar forward flexion at 45, lumbar hyperextension at 10, bilateral lateral bend at 15, positive bilateral straight leg raise, decreased left L4, L5, and S1 sensation to pin, and decreased left lower extremity sensation to light touch. The diagnoses include facet arthropathy of the lumbar spine, lumbar disc displacement without myelopathy, lumbar radiculopathy, lumbar degenerative disc disease, lumbar post laminectomy syndrome, and lumbago, the treatment plan recommends Dilaudid 8 mg, Norco 10/325, Zofran 8 mg, Nizatidine 150 mg, appeal request for authorization for a secondary and confirmatory lumbar medial branch block, and proceed with updated MRI with and without contrast. An MRI of the lumbar spine done on August 20, 2012 identifies at L4 - L5 desiccative disc changes to millimeter disc bulge extending laterally extending into and narrowing the left neural foramen and facet arthropathy and hypertrophy with fluid in the facet joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Secondary confirmatory lumbar medical branch 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 - Facet Joint Medical Branch Blocks

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Page(s): 300 309. Decision based on Non-MTUS Citation Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections)

Decision rationale: Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, it appears the patient's pain is not affecting his function, the sensory exam is abnormal, and there is evidence of radiculopathy. Additionally, the request did not specify the levels for the medial branch block. As such, the currently requested Lumbar Medial Branch Blocks are not medically necessary.

Dilaudid 8mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Dilaudid 8mg #120, California Pain Medical Treatment Guidelines state that Dilaudid is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient appears to be benefitting from the Dilaudid with apparent analgesia and functional improvement. Additionally, there is no documentation of aberrant behavior, and the patient is not reporting any side effects. As such, the currently requested Dilaudid 8mg #120 is medically necessary.