

Case Number:	CM14-0169638		
Date Assigned:	10/17/2014	Date of Injury:	12/18/2013
Decision Date:	11/20/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/14/2014

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 & 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 injured worker is a 31-year-old female who reported an injury on 12/18/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of DVT, left lower extremity, left leg radiculopathy, L4-5 facet arthropathy, and L4-5 disc degeneration. Past medical treatment consists of physical therapy, ESIs, home exercise program, and medication therapy. Medications include Anaprox, Zanaflex, and Norco. On 02/14/2014, the injured worker underwent a urinalysis showing that they were compliant with their prescription medications. On 06/26/2014, an ultrasound of the lower extremities showed an impression of no thrombosis evident in bilateral lower extremities. On 10/13/2014, the injured worker complained of ongoing lower back pain. Physical examination noted that the pain was rated at an 8/10 on Visual Analog Scale (VAS) with medication and 10/10 without medication. It was also noted that on physical examination, the patient's gait was normal. There was no evidence of weakness during walking on toes or heels. There was no appreciable swelling or gross atrophy of the paravertebral muscles. There was no evidence of scoliosis and there is normal lordosis. In palpation, there was palpable tenderness overlying the facets at approximately L4-5 dermatome distribution. Sensory to light touch and pinprick were intact in bilateral lower extremities. Extension was 14 degrees, extension was 16 degrees, left lateral bend was 14 degrees, and right lateral bending was 20 degrees. Straight leg raise was negative at 90 degrees bilaterally. Medical treatment plan is for the injured worker to undergo diagnostic facet block at L4-5 and continue with medication therapy. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic facet blocks at L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Diagnostic Blocks (Injections)

Decision rationale: The request for Diagnostic facet blocks at L4-5 is not medically necessary. The CA MTUS/ACOEM Guidelines state invasive techniques such as facet joint injections are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit for injured workers presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines (ODG) state there should be documentation of failure of conservative treatment prior to the procedure for 4 to 6 weeks. The included medical documents lacked evidence of the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods, and medications. The guidelines note that facet injections may aid in transitional phase from acute to chronic pain. However, the injured worker is already in the chronic stage of injury. As such, the request is not medically necessary.

Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Norco) Page(s): 78 and 98.

Decision rationale: The request for Norco is not medically necessary. The California MTUS Guidelines state that the prescription should be from a single practitioner taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. The MTUS also state that there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The use of drug screen or inpatient treatment with issues of abuse, addiction, or poor control is recommended. The efficacy of the medication was not submitted for review, nor did it indicate that it was helping with any functional deficits the injured worker might have had. Additionally, the submitted report did not indicate what pain levels were before, during, and after on Visual Analog Scale (VAS). A urine drug screen submitted on 02/14/2014, indicated the injured worker had compliant with the medications. However, due to lack of documented evidence submitted

for review, the continuation of the medication is not supported. Furthermore, the request as submitted did not indicate a dosage, frequency, or duration of the medication. As such, the request is not medically necessary.