

Case Number:	CM14-0169977		
Date Assigned:	10/20/2014	Date of Injury:	06/26/2003
Decision Date:	11/21/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/15/2014

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:

This is a 63-year-old male with a 6/26/03 date of injury. He developed pain and numbness in the bilateral hands, forearms, and right shoulder from lifting heavy metals and parts all day working as a steelworker. According to a pain management follow-up report dated 9/4/14, the patient had a left L3, L4, and L5 medial branch block on 8/29/14 noting about 60% improvement in his pain. He has been able to reduce his medications after medial branch block. Mornings are difficult due to tightness/stiffness. At the end of the day, he has increased pain with difficulty ambulating. Objective findings: mildly antalgic gait, mostly axial low back pain to left side, neck pain and numbness to his right arm/hand. Diagnostic impression: degenerative lumbar/lumbosacral intervertebral disc disease, lumbago, unspecified myalgia and myositis, thoracic/lumbosacral neuritis/radiculitis, cervicgia, spasm of muscle, pain in shoulder region. Treatment to date: medication management, activity modification, medial branch block, physical therapy, lumbar ESI. A UR decision dated 9/16/14 modified the request for series of 2 RFA to the left lumbar at L3, L4, and L5 to 1 RFA noting the response to the previous recent medial branch block. The request for Nucynta IR was modified from 90 tablets to 30 tablets for weaning purposes due to no documentation of side effects, diversion, and adequate analgesia. The request for MRI of the cervical spine was denied due to limited exam findings to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Left RFA L3, L4, L5 (series of 2): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: CA MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. However, the patient had undergone diagnostic medial branch blocks on 8/29/14 and noted approximately 60% improvement in his pain. The patient's response to medial branch blocks failed to meet ODG's criteria for a positive response, which would require 70% pain relief. In addition, there is a lack of evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Furthermore, this is a request for 2 procedures, and the prior UR dated 9/16/14 modified this request to certify 1 procedure. Guidelines require documentation of relief for at least 12 weeks at 50% with prior neurotomy, and a repeat neurotomy is to be performed at an interval of at least 6 months from the first procedure. Therefore, the request for Lumbar Left RFA L3, L4, L5 (series of 2) was not medically necessary.

Nucynta IR 50mg 1/2 to 1 tid prn for breakthrough pain #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80. Decision based on Non-MTUS Citation ODG Formulary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, a recent urine drug screen, or CURES monitoring. Therefore, the request for Nucynta IR 50mg 1/2 to 1 tid prn for breakthrough pain #90 was not medically necessary.

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180, Chronic Pain Treatment Guidelines Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - MRI

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. However, in the present case, there is no documentation of focal neurological deficits noted on physical examination. In addition, there is no discussion regarding prior imaging. Furthermore, there is no documentation as to failure of conservative management. Therefore, the request for MRI Cervical Spine was not medically necessary.