

Case Number:	CM14-0039251		
Date Assigned:	06/27/2014	Date of Injury:	09/18/2010
Decision Date:	08/19/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/03/2014

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 Medicine 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 63 year old female who had a work-related injury on 09/18/10. She slipped and fell on some gravel. The injured worker developed low back and cervical discomfort. In December of 2013, the injured worker had an anterior cervical discectomy and fusion (ACDF) at C5-6 which helped with her symptoms, and her first follow-up following the surgery on 02/10/14 showed that the injured worker was improving but still had right hand tingling. Low back exam findings revealed positive straight leg raise and pain with extension with regard to the lumbar spine. Lumbar MRI dated 11/19/13 showed multi-level degenerative disc disease, at the L4-5 there is diffuse disc bulge/osteophyte/complex, with facet arthropathy, no significant canal stenosis, and moderate foraminal narrowing bilaterally. Treatment has included anterior cervical discectomy and fusion (ACDF) at C5-6, medication, physical therapy, acupuncture, epidural steroid injection times 2, L4-5 decompression approved with possible fusion surgery that has not been performed yet. Prior utilization review dated 03/20/14 non-certified the Lidocaine block done very specifically at L4-5 including facet joints bilaterally, as well as bilateral selective nerve root blocks at the same time. Partial certification for the Oxycodone, to initiate weaning is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic non-steroid Lidocaine block done very specifically at L4-15 including the facet joints bilaterally as well as bilateral selective nerve root blocks all at the same time: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines AMA Guides (Radiculopathy) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Criteria for facet injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Facet joint injections, lumbar.

Decision rationale: The request for diagnostic non-steroid Lidocaine block done very specifically at L4-L5 including the facet joints bilaterally as well as bilateral selective nerve root blocks all at the same time is not medically necessary. The current evidence based guidelines do not support the request, Intra-articular blocks are not recommended as a diagnostic procedure. The medical necessity has not been established, therefore the request is not medically necessary.

Oxycodone/APAP 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, opioid's.

Decision rationale: The request for Oxycodone/APAP 10/325 #60 is not medically necessary. The clinical documentation submitted for review as well as evidence based guidelines do not support the request. There is no documentation of functional improvement, or significant decrease in pain. Prior utilization review recommended partial certification for the Oxycodone, to initiate weaning. The medical necessity has not been established, therefore the request is not medically necessary. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.