

Case Number:	CM14-0047012		
Date Assigned:	07/02/2014	Date of Injury:	08/27/2007
Decision Date:	08/26/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/15/2014

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 Occupational 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:

This is a 55-year-old male patient with a 8/28/07 date of injury. The mechanism of injury was not provided. A progress report dated on 6/24/14 indicated that the patient's pain level was 6-7/10. He reported constant pain in his lower back over past month. He had pain in the cervical region radiating to the left arm, and lumbar pain radiating to the left leg. Physical exam revealed decreased range of motion (ROM) at the lumbar spine, and tenderness over it. There was sensory deficit at L4-5 dermatome. Cervical spine physical exam demonstrated decreased ROM in the neck, due to pain, sensory deficits in the C6-7 dermatome on the left side, and also tenderness at the left side of the neck. Lumbar MRI dated on 9/26/13 revealed positive facet arthropathy at bilateral L4-S1, Degenerative disc disease, and disc bulge. Cervical x-ray was authorized and waiting for schedule. He was diagnosed with Lumbago, Lumbar disc bulging, Lumbar facet arthropathy, Spasms, Lumbar radiculitis, and Cervical radiculitis. Treatment to date: medication management, prior cervical ESI with no significant effect, Cervical fusion at C5-6 and C6-7 (4/13/10), Lumbar facet injection with three month pain relief. There is documentation of a previous 4/10/14 adverse determination; Oxycodone was modified from #90 to #45, based on the fact that there was no medication supporting functional gains and pain relief following medication management. Oxycontin was also modified form #60 to #30 to attempt weaning process. Cervical ESI was not certified, because there was no evidence of 50% pain relief following previous injection. Bilateral Medial Branch Nerve Blocks (MBNB) was not certified, based on the fact, that the patient had significant evidence of radiculopathy. Cervical MRI was not certified, because there were no recent x-ray findings or progressive neurological deficits for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Nerve Block (MBNB) L3-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), Low Back - Facet joint diagnostic blocks (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-Medial Branch Blocks).

Decision rationale: CA MTUS does not address this issue. ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. The patient presented with the pain in the cervical spine radiating to the left upper extremity and lumbar pain radiating to the left leg. It was noted that the patient had 3 months of pain relief following previous facet joint injection. However, the MRI dated on 9/23/13 revealed positive facet arthropathy at bilateral L4-S1, Degenerative disc disease, and disc bulge. In addition, there was evidence of radicular pain in the lower back. Guidelines only support medial branch blocks in the setting of non-radicular pain. Therefore, the request for Bilateral Medial Branch nerve Block (MBNB) L3-S1 was not medically necessary.

Cervical MRI with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. 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. The patient presented with the pain in his cervical spine radiating the left upper extremity and lower back pain radiating to the left leg. There was a documentation supporting pending x-ray scheduling. The patient is s/p cervical spine fusion at C4-5 and C6-7 on 4/13/10. It was noted that the patient does have x-rays pending. In addition, there is no clear description of any significant changes in the patient's exam findings since the prior MRI. Further information would be necessary to substantiate this request. Therefore, the request for Cervical MRI with and without contrast was not medically necessary.

Cervical Epidural Steroid Injection (ESI) at C6-C7: Upheld

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

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

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. The patient presented with the pain in his cervical spine radiating the left upper extremity and lower back pain radiating to the left leg. However, there was documentation that the patient did not have significant pain relief following prior ESI. In addition it was noted that the patient had 30-40% pain relief with medication management. Guidelines only support repeat ESIs in the setting of 50% pain relief from the prior ESI for 6 to 8 weeks. Therefore, the request for Cervical Epidural Steroid Injection (ESI) at C6-C7 was not medically necessary.

Oxycodone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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. The patient presented with the pain in his cervical spine radiating the left upper extremity and lower back pain radiating to the left leg. However, the patient was prescribed Oxycodone since at least 9/12/13 chronically. In addition, there was no evidence of urine drug screen test results available. There was no documentation of pain contract. There was no evidence of attempting a weaning process. In addition there was modification in the previous UR decision of decrease quantity of Oxycodone from 90 to 45 to start weaning process. Therefore, the request for Oxycodone 10mg #90, as submitted, was not medically necessary.

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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. The patient presented with the pain in his cervical spine radiating the left upper extremity and lower back pain radiating to the left leg. There was no description of functional improvement with the use of Oxycodone. In addition, there was no evidence of urine drug screen test results available. There was no documentation of pain contract. There was no evidence of attempting weaning process. In addition there was modification in the previous UR decision of decrease quantity of Oxycontin from 60 to #30. Therefore, the request for Oxycontin 20mg #60 was not medically necessary.