

Case Number:	CM14-0080626		
Date Assigned:	07/18/2014	Date of Injury:	02/06/2001
Decision Date:	09/25/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/02/2014

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 Family Medicine, and is licensed to practice in Tennessee, California, and Florida. 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 52 year old male who reported an injury to his low back on 02/06/01. The previous utilization review dated 08/01/14 resulted in a denial for facet injection in the lumbar region and modification for the continued use of Norco. The clinical note dated 12/02/13 indicates the patient continuing with complaints of low back pain. The injured worker described worsening painful sensation in the low back. The note indicates the injured worker utilizing Lortab and Ultracet and ibuprofen, Terocin lotion for pain relief at that time. The clinical note dated 02/10/14 indicates the patient continuing with low back pain. The injured worker also had complaints of spasms in the lumbar region. The clinical note dated 03/10/14 indicates the injured worker utilizing Norco for pain relief. Tenderness was identified at the facet joints of L4-5 and L5-S1. The clinical note dated 03/17/14 indicates the injured worker continuing with tenderness at the L4-5 and L5-S1 levels. The injured worker was identified as having a positive straight leg raising bilaterally. The clinical note dated 05/15/14 indicates the injured worker having undergone physical therapy in the past. There is an indication the injured worker has undergone a facet injection at L4-5 and L5-S1 in 2011 which did result in 70% reduction in pain for approximately 1.5 years.

IMR ISSUES, DECISIONS AND RATIONALES

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

One facet injection at bilateral L4-L5 AND L5-S1.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300; Table 12-8; 309. Decision based on Non-MTUS Citation Official Disability Guidelines Lumbar Thoracic (Acute & Chronic).

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 diagnostic blocks (injections).

Decision rationale: The request for one facet injection at bilateral L4-5 and L5-S1 is not medically necessary. The documentation indicates the patient having undergone a rhizotomy at the L4-5 and L5-S1 levels in 2011. There is an indication the injured worker had a positive response. However, given the time frame involved it would be reasonable for the patient to undergo a diagnostic medial branch block prior to therapeutic procedure. Therefore, the requested facet injection at L4-5 and L5-S1 is not medically necessary.

One prescription for Norco 10/325mg, # 90.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioid Hyperalgesics and Opioid weaning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.