

Case Number:	CM14-0089667		
Date Assigned:	06/20/2014	Date of Injury:	02/28/2011
Decision Date:	07/18/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 Orthopedic Surgery has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 54-year-old female who reported an injury on 02/28/2011. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her low back. Treatment history included shock wave therapy, rest, activity modifications, and acupuncture. The injured worker was evaluated on 09/03/2013. It was documented that the patient had a positive Kemp's test at the L5 bilaterally. The patient had a positive straight leg raising test to the right at 30 degrees and to the left at 20 degrees. The injured worker had restricted range of motion secondary to pain. Diagnoses included displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc and lumbar facet joint syndrome, myalgia, and insomnia. The injured worker's treatment plan included the use of Sprix pain spray. The patient underwent percutaneous decompression at the L4, L5 and S1, and lumbar facet blocks at the L4-5 and L5-S1. The injured worker underwent an MRI of the lumbar spine dated 12/21/2012. It was found that the injured worker had disc desiccation at the L5-S1, degenerative changes at the L2-3, a disc bulge at the L4-5 impinging on the L4 exiting nerve root, and a disc bulge at the L5-S1 effacing the thecal sac but not displacing the exiting L5 nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Decompression (requested retrospectively for Date of Service: 09/03/13): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Percutaneous discectomy (PCD).

Decision rationale: The Official Disability Guidelines do not support the use of percutaneous discectomy for decompression as there is no scientific evidence to support the long-term efficacy or effectiveness of this procedure. The clinical documentation submitted for review did not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the request for spinal decompression for date of service 09/03/2013 is not medically necessary and appropriate.

Facet joint block (requested retrospectively for Date of Service: 09/03/13): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-310.

Decision rationale: MTUS/ACOEM Guidelines does not support the use of therapeutic facet joint blocks. The MTUS/ACOEM Guidelines recommend diagnostic medial branch blocks in preparation for radiofrequency ablation. The clinical documentation submitted for review does not clearly identify that the requested facet joint block is therapeutic or diagnostic. As such, the request for facet joint block is not medically necessary and appropriate.

Fluoroscopy (requested retrospectively for Date of Service: 09/03/13): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Pharmacy purchase of Sprix 15.75mg #1 x 2 (requested retrospectively for Date of Service: 09/03/13 and 07/25/13): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60.

Decision rationale: The California Medical Treatment Utilization Schedule recommends ongoing use of medications in the management of chronic pain be supported by functional benefit and documentation of pain relief. Although the California Medical Treatment Utilization Schedule does not specifically address this medication, continued use would be need to be supported by objective functional improvement and a decrease in pain VAS scores. The clinical documentation does not provide any evidence of pain relief or functional benefit related to the use of this medication. Therefore, ongoing use would not be supported. As such, the request for Sprix 15.75 mg #1 x2, retrospectively for dates of service 09/03/2013 and 07/25/2013, is not medically necessary and appropriate.