MAXIMUS Federal Services

Case Number:	CM14-0189000		
Date Assigned:	11/19/2014	Date of Injury:	11/21/2002
Decision Date:	02/06/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/12/2014

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 Physical Medicine Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 has a history of a work injury occurring on 01/21/12 when, while working on a machine, it became unstable and she was thrown into a seated position. She was seen by the requesting provider on 01/07/14. She was having ongoing neck, mid back, and low back pain rated at 7-8/10. Low back pain was radiating into her legs to her knees. There was pending pool therapy. Medications were gabapentin, Protonix, Norco, Senokot, and Terocin. Physical examination findings included decreased cervical and lumbar spine range of motion with decreased left upper and lower extremity sensation. There was diffuse midline, bilateral paraspinal muscle and sacroiliac joint tenderness. Authorization for right-sided lumbar medial branch blocks was requested. Medications were continued. On 10/14/14 she had completed physical therapy treatments and although she was performing a home exercise program there had been no improvement. Pain was rated at 7-8/10. Physical examination findings included decreased cervical and lumbar spine range of motion with tenderness. Facet loading was positive in the cervical and lumbar spine. She had positive sacroiliac joint tenderness bilaterally. There was decreased left lower extremity sensation. Medications were refilled. Authorization for medial branch blocks was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block C4-C5 and C5-C6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back; Facet Joint Diagnostic Blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet Joint Diagnostic Blocks

Decision rationale: The injured worker is more than 2 years status post work-related injury and continues to be treated for chronic neck and low back pain. The requesting provider documents positive facet loading when testing the cervical and lumbar spine. Prior treated have included medications and physical therapy with limited benefit. Facet joint diagnostic blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. No more than two joint levels are to be injected in one session. In this case, the injured worker has failed treatment with medication and physical therapy. The number of medial branch blocks (at C4-5 and C5-6) is within guideline recommendations; therefore, this request is medically necessary.

Medial Branch block L4-L5 and L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines-low back

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-Lumbar & Thoracic (Acute & Chronic): Facet joint diagnostic blocks (injections)

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic neck and low back pain. The requesting provider documents positive facet loading when testing the cervical and lumbar spine. Prior treated have included medications and physical therapy with limited benefit.Criteria for the use of lumbar diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has non-radicular symptoms and has failed treatment with medication and physical therapy. The number of medial branch blocks (at L4-5 and L5-S1) is within guideline recommendations and therefore medically necessary.

APAP/codeine 300/30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines long term users of opioids, when to discontinue opioids, when to c.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, Opioids Page(s): 76-80, 86.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic neck and low back pain. Prior treated have included medications and physical therapy with limited benefit.Tylenol #3 (APAP/codeine 300/30mg) is a short acting combination weak opioid often used for intermittent or breakthrough pain.In this case, although there are no identified issues of abuse or addiction, there was poor pain control with the stronger combination opioid Norco. The claimant is not currently working. The claimant does not meet criteria for this opioid medication which therefore is not medically necessary.