MAXIMUS Federal Services

Case Number:	CM14-0193943		
Date Assigned:	12/01/2014	Date of Injury:	09/01/1999
Decision Date:	01/15/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/19/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 57 year old male with a date of injury of 9/1/99. The listed diagnoses are l-spine spondylosis, myalgia and myositis, and muscle spasms. Per treating report 11/5/14, the patient presents with chronic low back pain, which is described as "axial and aching in nature and is not referring down the lower extremities." The patient states that current medications are helpful managing his pain. He is currently taking MS Contin and Norco. "Patient is aware of side effects of the medications which was reviewed again today." Physical examination revealed facet loading test positive on both sides. Paraspinal muscle tender to palpation was noted bilaterally. Muscle strength is 5/5 proximally and distally. Sensory is grossly intact in all dermatomes. EMG of the lower extremities from 6/13/14 revealed "normal study." This is a request for L4-5 and L5-S1 facet joint injection, fluoroscopy with contrast and refill of Norco 10/325mg. The Utilization review denied the requests on 11/11/14. Treatment reports from 3/18/14 through 11/5/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L4-5 and L5-S1 facet joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Lumbar & Thoracic) (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: Facet joint medial branch blocks

Decision rationale: This patient presents with chronic low back pain, which is described as "axial and aching in nature and is not referring down the lower extremities." The current request is for 1 L4-5 and L5-S1 facet joint injection. The treating physician states that the patient has positive facet loading and facet arthropathy and "will benefit from a trail of facet joint injection." The ACOEM Guidelines do not support facet injections for treatment but does discuss dorsal medial branch block as well as radiofrequency ablations on page 300 and 301. The ODG Guidelines also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. The progress reports do not discuss prior injections. The Utilization review letter states that "available records for this patient indicate a prior lumbar medial branch block with no change in pain." The ACOEM does not support facet intra-articular injections. The ODG guidelines allow one set of facet intra-articular therapeutic injection and for additional treatments, medial branch block followed by RF ablation if successful. In this case the patient has previously received a medial branch block with no improvement as required by the ODG for the purposes of then performing a radio frequency ablation. The ODG do not recommend repeat diagnostic or therapeutic blocks. The requested facet joint injection is not medically necessary.

1 fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Lumbar & Thoracic) (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter: Facet joint medial branch blocks

Decision rationale: This patient presents with chronic low back pain, which is described as "axial and aching in nature and is not referring down the lower extremities." The current request is for 1 fluoroscopy. ACOEM Guidelines do not support facet injections for treatment but does discuss dorsal medial branch block as well as radiofrequency ablations on page 300 and 301. ODG Guidelines also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. Given that the concurrently requested facet joint injection was not indicated, the requested fluoroscopy is not medically necessary.

1 contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-1 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Lumbar & Thoracic) (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter: Facet joint medial branch blocks

Decision rationale: This patient presents with chronic low back pain, which is described as "axial and aching in nature and is not referring down the lower extremities." The current request is for 1 contrast. The ACOEM Guidelines do not support facet injections for treatment but does discuss dorsal medial branch block as well as radiofrequency ablations on page 300 and 301. ODG Guidelines also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. Given that the concurrently requested facet joint injection with fluoroscopy was not indicated, the requested "contrast" is not medically necessary.

1 prescription of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 76-78, 88-89.

Decision rationale: This patient presents with chronic low back pain, which is described as "axial and aching in nature and is not referring down the lower extremities." The current request is for 1 prescription of Norco 10/325MG (1 tab 5X daily). The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. According to the medical file, the patient has been utilizing Norco since 6/13/14. The patient has not worked since 1999. On 7/29/14, the patient reported that medications are "helpful, but not enough to keep him functional throughout the entire day." Report 8/7/14 notes current pain as 5-6/10 and medications are "helping." No side effects were reported. In this case, recommendation for further use of Norco cannot be supported as there are no discussions of functional improvement, return to work status, or changes in ADLs with taking long term opiate. There are no before and after pain scales to denote a decrease in pain either. The medical reports do not discuss possible aberrant behaviors and urine drug screens to monitor for compliance are not provided. The treating physician has failed to provide the minimum requirements of documentation that are outlined for MTUS for continued opiate use. The requested Norco is not medically necessary and recommendation is for slow weaning per MTUS.