

Case Number:	CM14-0213667		
Date Assigned:	02/11/2015	Date of Injury:	02/18/1994
Decision Date:	04/08/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Ohio

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year-old female who has reported radiating neck and back pain after falling on 2/18/94. Per some records, she has been diagnosed with multilevel spondylosis, degenerative disc disease, myofascial pain, and failed spine surgeries. The current treating physician has listed diagnoses of neck, back, and arm pain; and degenerative disc disease. Treatment has included two cervical spine surgeries, a spinal cord stimulator (removed on 5/17/14), many medications, injections, and physical therapy. A cervical epidural steroid injection was performed on 8/28/14. The reports from the treating physician are stereotyped and are nearly identical at each visit. Percocet appears to have been started on 10/27/14. The current treating physician has apparently assumed care for this injured worker during 2014. There are reports from a different treating physician dated 10/10/13 and 2/7/14. The reports refer to neck, upper back and lower back pain, with need to remove the spinal cord stimulator. There is a reference to trigger point injections in 2013 with good pain relief, and good relief of headache after occipital nerve blocks. Another physician has given Botox for headaches. Fentanyl, Norco, and Robaxin were prescribed on an ongoing basis. A urine drug screen on 4/25/14 was positive for hydrocodone and fentanyl. A lumbar MRI on 6/20/14 had mild degenerative changes only. Thoracic radiographs showed stable degenerative changes. Cervical radiographs showed a stable fusion. Per the PR2 of 8/19/14, there was ongoing neck and back pain which had worsened. The neurological examination was normal other than a sensory deficit at the anterior right thigh. Function was limited by pain, though not discussed specifically. She was stated to unemployed due to her injuries. The treatment plan included MRIs of the spine, injections, fentanyl, Robaxin, and

Norco. Per the PR2 of 10/27/14, there was ongoing neck and back pain. The neurological examination was normal other than a sensory deficit at the anterior right thigh. The same treatment was recommended as in prior reports. Function was limited by pain, though not discussed specifically. She was stated to unemployed due to her injuries. The treatment plan included the MRIs, medication, and injections now under Independent Medical Review. Medications prescribed included fentanyl patch, Percocet, Robaxin, and Voltaren gel. Per the PR2s of 11/24/14 and 1/12/15, there was ongoing neck and back pain. The neurological examination was normal other than a sensory deficit at the anterior right thigh. The same treatment was recommended as in prior reports. Function was limited by pain, though not discussed specifically. She was stated to unemployed due to her injuries. On 11/20/14 Utilization Review non-certified MRIs of the entire spine and partially certified a prescription for Percocet, for a one month trial. The MTUS and the Official Disability Guidelines were cited. Note was made of the high-dose opioid therapy with Percocet and fentanyl. Note was made of a lumbar MRI on 6/25/14. On 11/20/14 Utilization Review issued a separate decision for bilateral epidural steroid injections, trigger point injections, a right C2 medial branch block, and right C2-5 facet injections. The injections were not certified based on the MTUS, the Official Disability Guidelines, and the relative contraindication to performing multiple injections at the same time.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 - 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 290. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Repeat MRI.

Decision rationale: The treating physician has not described the clinical evidence of significant pathology discussed in the MTUS, such as "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination". No "red flag" conditions are identified. Per the Official Disability Guidelines citation above, imaging for low back pain is not beneficial in the absence of specific signs of serious pathology. Repeat imaging should be based on the presence of new symptoms and signs. There are no significant changes clinically since the last MRI. The current clinical exam is benign. Repeat MRI may be indicated if there were to be significant worsening as evidenced by specific signs and symptoms suggesting new low back pathology. MRI of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself indication for MRI. An MRI of the lumbar spine is not medically necessary based on lack of sufficient indications per the MTUS and the Official Disability Guidelines.

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182.

Decision rationale: The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for "red flag" conditions, physiological evidence of neurological dysfunction, and prior to an invasive procedure. This injured worker had no objective evidence of any of these conditions or indications for an invasive procedure. The treating physician has not documented any specific neurological deficits or other signs of significant pathology. The MRI is not medically necessary based on the recommendations in the MTUS.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182.

Decision rationale: The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for "red flag" conditions, physiological evidence of neurological dysfunction, and prior to an invasive procedure. This injured worker had no objective evidence of any of these conditions or indications for an invasive procedure. The treating physician has not documented any specific neurological deficits or other signs of significant pathology. The MRI is not medically necessary based on the recommendations in the MTUS.

Percocet 10/325 mg, 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. There is no evidence of significantly increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids. The change to Percocet represents an increase in overall opioid dosing, and there were no specific functional

goals for this change. There is no record of a urine drug screen program, including random drug screens, performed according to quality criteria in the MTUS and other guidelines. The injured worker has not returned to work, which fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Bilateral L5/S1 and right S1 transforaminal ESI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, table 12-8.

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

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This injured worker does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The MRI shows no nerve root compression, and there are no clinical findings which correlate with the MRI. The epidural injections are not medically necessary based on the MTUS indications, which are not met in this case.

Trigger point lumbar paraspinal region (injection): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The MTUS provides specific direction for the indications and performance of trigger point injections (TPI). TPI is recommended only for "myofascial pain syndrome", as defined in the MTUS. TPI is not indicated for "typical" or non-specific neck and back pain. This patient does not have myofascial pain syndrome, per the available reports. This injured worker received TPI treatment in 2013. No reports since that time outline a sufficient degree of benefit per the MTUS criteria. These criteria include 50% pain relief for 6 weeks and "functional improvement". The treating physician has not specified a quantity of injections. The MTUS recommends no more than 4 at a time. The treating physician has recommended multiple kinds of injections to be given simultaneously. If completed in this manner, it will be very difficult to determine the results and side effects for each. Trigger point injections are not medically necessary based on the MTUS.

Right C2 medial branch nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181 - 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 8 Page(s): 174-5; 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Facet joint diagnostic blocks.

Decision rationale: The ACOEM Guidelines page 174-5 state that there is no proven benefit from injection of the facet joints for acute neck and upper back pain. Cervical facet medial branch blocks followed by neurotomy may be useful. The treating physician has not stated why the injured worker requires both a medial branch block and facet joint injections at the same time. Page 181 of the ACOEM Guidelines 2nd Edition recommends against "facet injection of corticosteroids." The Official Disability Guidelines provide specific recommendations for facet blocks, and recommend medial branch blocks rather than joint injections for diagnostic purposes. The Official Disability Guidelines also recommend against performing facet blocks on the same day that other kinds of injections are performed, including trigger point injections. The proposed medial branch block is not medically necessary based on the cited guidelines and the proposal to perform multiple kinds of injections at the same time.

Right C2-C3, C3-C4 and C4-C5 facet injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173 - 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-5, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Facet joint diagnostic blocks.

Decision rationale: Page 181 of the ACOEM Guidelines 2nd Edition recommends against "facet injection of corticosteroids". The Official Disability Guidelines recommends against provision of facet blocks at the same time that other kinds of injections, such as trigger point injections are given. The Official Disability Guidelines recommend against diagnostic or therapeutic facet joint injections. When indicated, the Official Disability Guidelines recommend that no more than two levels be injected for facet blocks. The proposed injections do not meet the recommendations of the cited guidelines and are not medically necessary.