

Case Number:	CM15-0001575		
Date Assigned:	01/15/2015	Date of Injury:	11/09/1999
Decision Date:	03/26/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/05/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male who reported an injury on 11/09/1999. On 11/24/2014, he presented for a followup evaluation regarding his work related injury and for pain management. He reported increased mid back pain and a gradual increase in his pain over time. He reported pain at an 8/10 to 9/10 on the pain scale and difficulty sleeping. It was noted that he had a thoracic facet injection to the bilateral T6 through T7 and T7 through T8 on 02/28/2014 and reported that it was very helpful in decreasing his pain. A physical examination showed normal gait with moderate tenderness to palpation in the mid thoracic facet regions approximately at the T6 through T7 and T7 through T8. Thoracic dermatomes were intact and range of motion was decreased in all planes, especially with thoracic extension. Pain was increased with extension to the thoracic spine and sensation was intact throughout the abdomen. It was noted this his urine drug screens and CURES reports were consistent. He was diagnosed with mild degenerative disc disease and facet arthropathy of the thoracic spine and chronic superior endplate compression involving the T7 vertebral body. The treatment plan was to refill the injured worker's Norco, a urine drug screen, and facet joint injection at the bilateral T6 through T7 and T7 through T8. The rationale for treatment was to alleviate the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, an ongoing review and documentation pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. No official urine drug screens or CURES reports were provided for review to validate that the injured worker has been compliant with his medication regimen to support ongoing use of Norco. Also, a quantitative decrease in pain and an objective improvement in function were not clearly documented within the report. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that urine drug screening is recommended for those who have issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review does not indicate that the injured worker has any of these indications to support the request for a urine drug screen. Also, it is unclear when the urine drug screen was last performed and, without this information, an additional urine drug screen would not be supported without evidence that the injured worker had been noncompliant. Therefore, the request is not supported. As such, the request is not medically necessary.

Facet Joint Injection at Bilateral T6-7: Upheld

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-TWC, Low Back Procedure Summary

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, Facet Joint Injections.

Decision rationale: According to the Official Disability Guidelines, facet joint injections should only be performed if there is anticipation that, if successful, a radiofrequency neurotomy would be considered. It should also be documented that the injured worker has signs and symptoms consistent with facet joint pain. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the thoracic spine. However, there is a lack of documentation showing that he has signs and symptoms consistent with facet joint pain to support the requested intervention. Also, documentation did not indicate that a radiofrequency ablation would be performed if the facet joint injections were successful at the diagnosed levels. Therefore, the request is not supported. as such, the request is not medically necessary.

Facet joint injection at bilateral T7-8: Upheld

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-TWC, Low Back Procedure Summary

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, Facet Joint Injections.

Decision rationale: According to the Official Disability Guidelines, facet joint injections should only be performed if there is anticipation that, if successful, a radiofrequency neurotomy would be considered. It should also be documented that the injured worker has signs and symptoms consistent with facet joint pain. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the thoracic spine. However, there is a lack of documentation showing that he has signs and symptoms consistent with facet joint pain to support the requested intervention. Also, documentation did not indicate that a radiofrequency ablation would be performed if the facet joint injections were successful at the diagnosed levels. Therefore, the request is not supported. as such, the request is not medically necessary.