

Case Number:	CM15-0002687		
Date Assigned:	01/13/2015	Date of Injury:	12/17/2012
Decision Date:	03/09/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/06/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 male patient, who sustained an industrial injury on 12/17/2012. A primary treating visit note dated 12/15/2014 reported the patient having been approved for radiofrequency ablation from T6-T8 bilateral, which is scheduled for 12/22/2014. Subjective complaints report he is still having mid back pain. he is prescribed the following medications; Anaprox DS, Norco and Zanax. Physical examination found on palpation tenderness of the paravertebral muscles bilaterally. He is found with positive facet loading test. There is also significant palpable tenderness along T6-T10 levels. Diagnostic studies performed include the following; CT thoracic spine 12/17/2012 showed acute fractures of the spinous processes of T6, T7, T8 and T9, CT lumbar spine 12/17/2012 showed fractures of the right third, fourth and fifth lumbartransverse process; degenerative changes of both sacroiliac joints and limb lutillevel lumbar spondylosis defromens with small anterior osteophytes. Lastly, CT cervical spine 12/17/2012 showed degerative changes of the cevical spine without fracture. the impression noted mild degerative disc disease at L3-4 with mild degenerative changes in the lower lumbar facet joints. He is diagnosed with T6-10 facet arthropathy, T6-8 spinous process fracture, right transverse process fractures L3, L4 and L5, stenosis L3-4 and L4-5, closed head injury with posttraumatic headaches and tinnitus and facet arthropathy L3-L5. On 12/26/2014 Utilization Review non-certified the request for Norco 10/325 MG and medical branch block T8-T10 bilaterally, noting the CA MTUS opioids and ODG back pain. On 01/06/2015 IMR application was received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 49 year old male has complained of back pain since date of injury 12/17/12. He has been treated with physical therapy and medications to include opioids since at least 04/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

Bilateral medial branch block at T8-T10: 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 (ODG), Back chapter, Facet joint pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: This 49 year old male has complained of back pain since date of injury 12/17/12. He has been treated with physical therapy and medications. The current request is for bilateral medial branch block at T8-10. Per the MTUS guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of back complaints. On the basis of the above cited MTUS guidelines, bilateral medial branch block at T8-10 are not indicated as medically necessary.