

Case Number:	CM15-0104864		
Date Assigned:	06/09/2015	Date of Injury:	03/07/2012
Decision Date:	07/10/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

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:

The injured worker is a 44 year old male, who sustained an industrial injury on 03/07/2012. According to a progress report dated 04/10/2015, the injured worker was evaluated for left low back pain. Exacerbating factors included prolonged sitting, prolong standing and lifting. Mitigating factors included lying on back, stretching, medications and use of a lumbar support. Current medications included Oxycodone. Prior medications included Percocet, Fentanyl, Morphine, Valium, Temazepam and NSAIDs (non-steroidal anti-inflammatory drugs). Physical examination demonstrated tenderness upon palpation of the lumbar paraspinal muscles overlying the left L4-L5 and L5-S1 facet joints. Muscle girth was symmetric in all limbs. Peripheral pulses were 2+ bilaterally with normal capillary filling. Lumbar ranges of motion were restricted by pain in all directions. Lumbar extension was worse than lumbar flexion. Sensation was intact to light touch, pinprick, proprioception and vibration in all limbs. Muscle strength was 5/5 in all limbs. Heel, toe and tandem walking were within normal limits. Waddell's signs were negative bilaterally. Impression/differential diagnoses included left lumbar facet joint pain at L4-L5, L5- S1, lumbar facet joint arthropathy, chronic low back pain, small disc bulges at L4-L5, L5-S1 and small disc bulges at L2-L3, L3-L4. Recommendations included a fluoroscopically-guided diagnostic left L4-L5 and left L5-S1 facet joint medial branch block to evaluate for the presence of left lumbar facet joint pain as the reason for left low back pain symptoms. The injured worker failed physical therapy, NSAIDs and conservative treatments. If the medial branch block was positive, the provider would recommend lumbar facet joint radiofrequency nerve ablation (neurotomy/rhizotomy). Currently under review is the request for fluoroscopically guided diagnostic facet medial branch block at L4-L5 and L5-S1 and Oxycodone 15mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided diagnostic facet medial branch block at left L4-L5 and L5-S1:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet joint diagnostic blocks (injections).

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), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in May 2012 and continues to be treated for chronic left low back pain. Included Oxycodone referenced as decreasing pain by 80% with any percent improvement in neck duties of daily living. When seen, physical examination findings included left lumbar facet and paraspinal muscle tenderness with decreased range of motion worse with extension. There was a normal neurological examination. Oxycodone was refilled at a total MED (morphine equivalent dose) of less than 120 mg per day. Criteria for the use of 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 axial low back pain with positive facet joint tenderness and extension biased pain. The criteria are met and therefore the requested lumbar medial branch block procedure is medically necessary.

Oxycodone 15mg #150: Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, Criteria for use of opioids, When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in May 2012 and continues to be treated for chronic left low back pain. Included Oxycodone referenced as decreasing pain by 80% with any percent improvement in neck duties of daily living. When seen, physical examination findings included left lumbar facet and paraspinal muscle tenderness with decreased range of motion worse with extension. There was a normal neurological examination. Oxycodone was refilled at a total MED (morphine equivalent dose) of less than 120 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxycodone is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control and improved activities of daily living. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Oxycodone was medically necessary.