

Case Number:	CM15-0131717		
Date Assigned:	07/17/2015	Date of Injury:	05/19/2014
Decision Date:	09/15/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/07/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 45-year-old male, who sustained an industrial injury on 5/19/2014. The mechanism of injury was a fall from 6 feet. The injured worker was diagnosed as having leg joint pain. There is no record of a recent diagnostic study. Treatment to date has included acupuncture, chiropractic care, TENS (transcutaneous electrical nerve stimulation), steroid injections, right knee surgery, physical therapy and medication management. In a progress note dated 5/22/2015, the injured worker complains of pain rated 4/10 with medications and 8/10 without medications. Physical examination showed decreased lumbar range of motion and right knee crepitus. The treating physician is requesting lumbar facet injection, thoracic magnetic resonance imaging (non-contrast), thoracic spine x ray, Celebrex 200 mg #30 and a specialist referral to pain management psychologist for evaluation for cognitive-behavioral therapy and pain-coping skills training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection lumbar facet joint quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, up dated 01/30/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar facet injection quantity 1.

Decision rationale: Injection lumbar facet joint quantity 1 is not medically necessary. The Official Disability guidelines criteria for use of diagnostic facet (medial branch) blocks require: that the clinical presentation be consistent with facet pain; Treatment is also limited to patients with cervical pain that is non-radicular and had no more than 2 levels bilaterally; documentation of failed conservative therapy including home exercise physical therapy and NSAID is required at least 4-6 weeks prior to the diagnostic facet block; no more than 2 facet joint levels are injected at one session; recommended by them of no more than 0.5 cc of injectate was given to each joint; no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4-6 hours afterward; opioid should not be given as a sedative during the procedure; the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety; the patient should document pain relief with the management such as VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity level to support subjective reports of better pain control; diagnostic blocks should not be performed in patients in whom surgical procedures anticipated; diagnostic facet block should not be performed patients who have had a previous fusion procedure at the plan injection level. The physical exam does not clearly indicate facet pain; therefore, the requested procedure is not medically necessary.

MRI non-contrast, of the thoracic spine quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back pain: Diagnostic Consideration.

Decision rationale: MRI non-contrast, of the thoracic spine quantity is not medically necessary. The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve, dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in falls positive findings, suggests disc bulge, but are not the source of painful symptoms did not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the flexion of an imaging test to the find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The physical exam was not consistent with a nerve root impingement and the physical exam remained unchanged since the initial injury; therefore, it is not medically necessary.

X-ray, of the thoracic spine quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Complaints: Diagnostic Consideration.

Decision rationale: X-ray of the Thoracic spine quantity 1 is not medically necessary. The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve, dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in falls positive findings, suggests disc bulge, but are not the source of painful symptoms did not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the flexion of an imaging test to the find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The physical exam was not consistent with a nerve root impingement and the physical exam remained unchanged since the initial injury; therefore, it is not medically necessary.

Celebrex 200mg, one tab qd quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Celebrex 200mg one tab qd quantity: 30 is not medically necessary. Celebrex is a Cox-2 inhibitor non-steroidal anti-inflammatory medication. Per MTUS guidelines page 67, NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time he has been on Celebrex. Additionally, a diagnosis of osteoarthritis has not been documented in the medical records. Finally, there is no documentation of gastrointestinal risk requiring a cox-2 inhibitor anti-inflammatory medication; therefore, the request is not medically necessary.

Specialist referral to pain management psychologist for evaluation for cognitive-behavioral therapy and pain-coping skills training quantity: 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 21, 115. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition (2004), Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-101.

Decision rationale: Specialist referral to pain management psychologist for evaluation for cognitive-behavioral therapy and pain-coping skills is medically necessary. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. (Main-BMJ, 2002) (Colorado, 2002) (Gatchel, 1995) (Gatchel, 1999) (Gatchel, 2004) (Gatchel, 2005) For the evaluation and prediction of patients who have a high likelihood of developing chronic pain, a study of patients who were administered a standard battery psychological assessment test found that there is a psychosocial disability variable that is associated with those injured workers who are likely to develop chronic disability problems. The patient has chronic pain and on multiple medications, this provides as a medically necessary treatment.