

Case Number:	CM15-0147812		
Date Assigned:	08/13/2015	Date of Injury:	08/24/2010
Decision Date:	09/14/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/29/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 35 year old female who sustained an industrial injury on 08-24-2010. Current diagnoses include bulging lumbar disc and sciatica. Previous treatments included medications, lumbar epidural steroid injection, and foot brace. Previous diagnostic studies included a lumbar spine MRI performed on 06-2014. Report dated 06-30-2015 noted that the injured worker presented for follow up. The injured worker stated that she received significant relief with the left lumbar epidural steroid injection performed on 06-08-2015, pain level in the left lower extremity reduced from 5-6 out of 10 to 3 out of 10, and better strength in the bilateral lower extremity. Currently the injured worker still has complaints of left lower back axial pain, pain level is 5-6 out of 10 in her low back. The injured worker has had significant relief with use of Zorvolex for pain flare-ups, pain level reduces from 9 out of 10 down to 5-6 out of 10 with use. The injured worker has tried and failed use of Robaxin, Cymbalta, Lyrica, tramadol, Naproxen, Norco, and Percocet. Current medication regimen includes Zorvolex. Currently the injured worker is working part-time. Physical examination was positive for a slowed gait, left antalgic, left foot dragging, decreased left foot strength, diminished sensation L5-S1 on the left, tenderness in the low back, decreased back range of motion with pain, and tenderness over the L3-S1 facets bilaterally. The treatment plan included refilling medication and request for Left facet injection at L3-S1. Disputed treatments include Left L-facet injection at L3-S1 with image guidance (fluoroscopy or CT), lumbar or sacral, single level, and Zorvolex (diclofenac) 35mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L facet injection at L3-S1 with image guidance (fluoroscopy or CT), lumbar or sacral; single level: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 and Thoracic), Acute & Chronic.

Decision rationale: The MTUS is silent regarding facet injections. The Official Disability Guidelines "recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. Criteria for the use of diagnostic blocks for facet "mediated" pain includes, clinical presentation should be consistent with facet joint pain, signs & symptoms. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In this case, there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). Currently, the injured worker has complaints of low back pain with no radicular complaints, and the injured worker had significant improvement with prior epidural steroid injection performed on 06-08-2015. There is no documentation to support that the injured worker has tried other conservative treatment such as a home exercise program or physical therapy. Request is for 4 levels, which exceeds the recommended guidelines. Since the request exceeds the recommended guidelines and there is no documentation of failure with conservative treatments, the request is not medically necessary. Therefore, the request for left L-facet injections at L3-S1 with image guidance (fluoroscopy or CT) is not medically necessary.

Zorvolex (Diclofenac) 35mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-71.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for use of non-steroidal anti-inflammatory drugs (NSAIDs). "They are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Also, per the MTUS, NSAIDs are recommended for acute exacerbations of chronic low back pain, as a second-line treatment after acetaminophen." The injured worker was previously prescribed Zorvolex on 03-10-2015, and on 05-04-2015 the injured worker was given samples of Zorvolex. In this case, the injured worker noted significant pain relief with use of this medication. Report dated 05-04-2015 the physician stated that the injured worker chance of going back to the service industry was low. Currently the injured worker is working part time in the registration department and is not prescribed any other medications for her back pain. The injured worker has tried and failed use of Robaxin, Cymbalta, Lyrica, tramadol, Naproxen, Norco, and Percocet. Based on the medical records submitted the injured worker has a decrease in pain level with use of Zorvolex, and functional improvement is noted with working part-time. Therefore, the request for Zorvolex (Diclofenac) 35mg #90 is medically necessary.