MAXIMUS Federal Services

Case Number:	CM15-0163102		
Date Assigned:	08/31/2015	Date of Injury:	02/21/2013
Decision Date:	10/21/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/19/2015

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, California
Certification(s)/Specialty: Emergency Medicine

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 39 year old male who sustained an industrial injury on 02-21-2013. According to the only progress report submitted for review and dated 07-23-2015, the injured worker was seen for follow up of low back and neck pain. He reported that he had some increased neck and upper back pain since his last visit. He reported difficulty sleeping and said he could not sleep for days. This made it difficult for him to go to work. He reported that he had been exercising by swimming, which helped him to sleep later that night. He reported that his pain was severe at times but he continued to work with the pain. He continued to use a TENS unit which helped decrease his pain temporarily. He reported occasional spasms in his neck and back. He continued with a home exercise program but says his activity level was limited by pain. He returned to work on 04-10-2015 at a different location and was working full duty. Treatment history included 20 visits of physical therapy for the back with minimal relief, 14 visits of chiropractic treatment for the back with minimal relief and 12 sessions of acupuncture for the back with 50% temporary relief. On 11-07-2014, the injured worker had a lumbar epidural steroid, which significantly decreased his leg pain. The injection also helped with his back pain (more than 50%) for about two weeks and about 20% for another two weeks. He continued to have significant relief in his leg symptoms since the injection. He denied having any chiropractic, physical therapy, acupuncture, injections or surgery for the neck. He had tried Norco, Gabapentin, Tylenol, Naproxen, Ibuprofen and Pamelor. Current medications included Butrans patches, Melatonin, Sertraline and Trazodone. Butrans 10 mcg patch helped decrease his pain by about 40% and allowed him to increase his walking distance by about 10-15 minutes. He reported redness and itchiness when he removed the patch. He denied any side effects with use of the patches. He currently rated his pain at 7-8 on a scale of 1-10. Pain occasionally traveled down

the left upper extremity to the elbow. He also reported that he had been having some posterior headaches coming from his neck. This had worsened due to lack of sleep. Diagnoses included lumbar facet arthropathy, lumbar disc herniation at L5-S1, thoracic disc herniations with stenosis at C4-5 and left shoulder subacromial bursitis. Most of his pain was in his low back and continued to be severe. The provider noted that the injured worker was prescribed Butrans 10 mcg #4 with one refill. An authorization request was submitted for review and included a follow up in 8 weeks, 6 visits of chiropractic treatment for the neck, lumbar medial branch block injection bilaterally at L5-S1 and Butrans 15 mcg #4. The injured worker was permanent and stationary. Currently under review is the request for Lumbar medial branch block bilaterally at L5-S1, chiropractic treatment for the neck 6 visits, physical therapy for the left shoulder 6 visits and Butrans 15 mcg #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medial branch block, bilaterally at L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 diagnostic blocks.

Decision rationale: Ca MTUS is silent on this topic. ODG guidelines cited above recommend facet injections as diagnostic studies if facet neurotomy is planned. There is no documentation in the submitted chart material to support that a neurotomy has been considered other than a statement "future considerations include rhizotomy" written in the context of the block request. There is no referral to a spine surgeon on documentation this was discussed with the IW. Alternatively, facet injections with steroids are sometimes employed for therapeutic purposes. The ODG guidelines do not recommend this procedure citing the lack of qualities studies to support this use. The chart does not include the states purpose or intentions of this procedure. Without this, the request for medial branch block of lumbar spine is not medically necessary.

Chiropractic treatment for the neck- 6 visits: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: CA MTUS chronic pain manual therapy guidelines state, "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain." A trial of 6 visits is recommended. ACOEM Practice Guidelines state, "Using cervical manipulation may be an option for patients with occupationally related neck pain or cervicogenic headache. Consistent with application of any passive manual approach in injury care, it is reasonable to incorporate it within the context of functional restoration rather than for pain control alone. There is insufficient evidence to support

manipulation of patients with cervical radiculopathy." In this case, documentation supports the IW has not had chiropractic care for this injury. Guidelines support a trial of 6 visits of manual therapy. With this, the request for 6 visits of chiropractic care is considered medically necessary.

Physical therapy for the left shoulder - 6 visits: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: CA MTUS chronic pain manual therapy guidelines state, "Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process." A trial of up to 8 visits is recommended. In this case, documentation supports the IW has not had physical therapy care for this injury. Guidelines support a trial of up to 8 visits for physical medicine. With this, the request for 6 visits of physical therapy sessions for the left shoulder is considered medically necessary.

Butrans 15 mg #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Chronic Pain Medical Treatment Guidelines state that on-going management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. CA MTUS Guidelines state that Buprenorphine is recommended for treatment of opiate addiction. II is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. It is a schedule III controlled substance, a partial agonist at the mu-reception and an antagonist at the kappa-receptor. Official Disability Guidelines recommended Buprenorphine as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-

dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment, the drug should be reserved for use by clinicians with experience. Drug description: Buprenorphine is a schedule-III controlled substance. Its mechanism of action is complex, involving four different opioid receptors at central and peripheral sites. It is primarily classified as a partial mu-agonist and kappa antagonist. It blocks effects of subsequently administered opioid agonists. In this case, urine drug screens showing compliance were not submitted for review. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care due to use of Butrans. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.