MAXIMUS Federal Services

Case Number:	CM15-0164996		
Date Assigned:	09/02/2015	Date of Injury:	03/10/2015
Decision Date:	10/20/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/21/2015

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, West Virginia, Pennsylvania
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 40 year old male, who sustained an industrial injury on March 10, 2015. He reported cumulative injury to back, neck, and spine. The injured worker was diagnosed as having neck sprain, thoracic spine strain, lumbar muscle strain, chronic progressive cervicalgia and lumbago with some lower extremity radiculitis and mild cervical and lumbar spondylosis without significant stenosis. Treatments and evaluations to date have included physical therapy, x-rays, MRIs, acupuncture, and medication. Currently, the injured worker reports back pain with stabbing sensation along the lateral aspect of his neck extending from the base of the skull into the upper trapezius bilaterally, vague aching around the left shoulder, aching in the midback and occasional aching in his left thigh and headaches. The Treating Physician's report dated July 20, 2015, noted the injured worker was requesting a refill of his Norco as it took away the pain. The injured worker's current medications were listed as Flexeril, Aspirin, Motrin, Celexa, Midrin-Zofran and Norco. The injured worker was noted to have last worked on March 10, 2015. The physical examination was noted to show the injured worker in no acute distress, with some slight discomfort along the lateral cervical paraspinals but not centrally, extending from the occiput into the upper trapezius bilaterally with some hypertonicity. The lumbar paraspinals were noted to have some hypertonicity with most of the discomfort at the left lumbosacral junction, perhaps overlying the facet joints, and some positive facet loading maneuvers provoking pain in his left lower back. The injured worker was noted to have cervical and lumbar myofascial pain with a lesser component of thoracic myofascial pain. The treatment plan was noted to include a trial of

Lodine, a refill of the Norco, a left sided lumbar facet joint injection series targeting L5-S1 and possible L4-L5, and a referral to a pain specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Guidelines support short-term use of opiates for moderate to severe pain after first line medications have failed. Long-term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking Norco without documented evidence of significant benefit in pain or function to support long-term use. The request for Norco 325/10 mg #40 is not medically appropriate and necessary.

Outpatient left sided lumbar facet joint injection, L5-S1 and L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: Guidelines do not support facet joint injections as they are of questionable merit and provide no long-term functional benefit or reduce the need for surgery. However, one diagnostic facet joint injection may be recommended for patients with chronic low back pain that is exacerbated by extension and rotation and not alleviated with conservative treatments. If the initial block produces relief of at least 50-70% for at least 6-8 weeks, additional blacks may be supported. In this case, it is not specified whether the facet injection is for therapeutic or diagnostic blocks. In addition, the signs of facet joint pathology are not documented. The request for left lumbar facet joint injection L5-S1, and L4-L5 is not medically appropriate and necessary.