

Case Number:	CM15-0167745		
Date Assigned:	09/08/2015	Date of Injury:	11/19/1996
Decision Date:	10/27/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/26/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old female who reported an industrial injury on 11-19-1996. Her diagnoses, and or impressions, were noted to include: chronic back pain; lumbosacral spondylosis without myelopathy; left sciatica; and lumbar facet arthropathy. Recent magnetic imaging studies of the lumbar spine were done on 5-27-2015. Her treatments were noted to include: lumbar surgery (2-2004); physical therapy; lumbar epidural injection (7-15-15); medication management; and rest from work. The progress notes of 8-6-2015 reported continued severe pains in her back and left hip; that she requested a back brace; that pain creates trouble with her activities of daily living; that she consulted a doctor who did not offer an operation; and that she was on pain medications. Objective findings were noted to include: tenderness in the lumbar spine, with positive left straight leg raise; and the findings of magnetic imaging studies (L5-S1 disc protrusion causing abutment of the descending left S1 nerve root, and moderate facet arthropathy at L4-5, L5-S1 bilaterally). The physician's requests for treatments were noted to include: lumbosacral facet injections; a back brace; counseling sessions; and prescriptions for Oxycontin and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Back Braces.

Decision rationale: ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state that lumbar supports are recommended as an option for compression fractures, spondylolisthesis, instability, and for treatment of nonspecific low back pain (weak evidence). This injured worker is not in the acute phase of pain, but instead has chronic back pain. As such, this request for a lumbar back brace cannot be supported and is not medically necessary.

Oxycontin 30mg #60: 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, Opioids for chronic pain.

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Oxycontin, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Within the submitted records, there is no documentation to support ongoing Oxycontin use. The injured worker has been on this agent since at least 2005 and continues to deal with significant pain. In fact, there is mention that the opiates cause the injured worker to feel "snowed." She has been on Oxycontin and Percocet for years with no significant effect as it pertains to ADLs, and pain control. Ongoing use is not supported, and weaning is recommended. This request is not medically necessary.

1 Facet injections under fluoroscopy to the L4/L5 and L5-S1 levels: 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 (Lumbar and Thoracic) (Acute and Chronic), Facet joint 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.

Decision rationale: According to the ODG, Facet injections are "Under study." Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. This current request cannot be supported as

more than one level is being requested for injection. Furthermore, upon review of the documentation, it appears the main source generator of pain for the injured worker is non-facet mediated. The injured worker has sciatic complaints, with positive straight leg raise, and nerve root contact on MRI. At this time, this request is not medically necessary.

Cymbalta 60mg #180: Overturned

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): Antidepressants for chronic pain.

Decision rationale: CA MTUS states that antidepressants are recommended as a 1st line option for neuropathic pain and a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should not only include pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality, and duration, and psychological assessment. This injured worker has chronic neuropathic pain and co-morbid depression. This medication has benefited the injured worker in terms of reducing pain and improving mood. Ongoing use is supported. Therefore, the request is medically necessary.

10 Counseling sessions: 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): Behavioral interventions.

Decision rationale: CA MTUS Chronic Pain 2009 Guidelines support cognitive behavioral therapy for patients at risk for delayed recovery. CA MTUS recommends allowing for initial 3 to 4 psychotherapy visits over two weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. This injured worker has had chronic pain, slow recovery, and has concomitant depression and anxiety. However, the request as submitted exceeds guideline recommendations for an initial trial of 3 to 4 visits, and as such, this request is not medically necessary.