

Case Number:	CM15-0194356		
Date Assigned:	11/03/2015	Date of Injury:	10/23/2008
Decision Date:	12/14/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/02/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 59 year old male who sustained an industrial injury on 10-23-2008. A review of the medical records indicated that the injured worker is undergoing treatment for failed back syndrome and facet syndrome. The injured worker is status post lumbar fusion at L4-5 and L5-S1 in 2010. According to the treating physician's progress report on 06-22-2015, 07-15-2015 and 08-21-2015, the injured worker continues to experience back, buttock and leg pain. There was decreased lumbar range of motion with increased axial tenderness and pain with extension. Mild positive right straight leg raise was noted. Lumbar spine magnetic resonance imaging (MRI) performed on 02-26-2015 with official report was included in the review. Prior treatments have included diagnostic testing, surgery, pain management, medications. Other therapeutic modalities or interventions administered were not clear in the medical review. Current medications were listed as Hydrocodone (prior to 02-2015), Gabapentin, Effexor, Amitriptyline, and Ambien. A urine drug screening on 03-17-2015 was positive for ethanol. The injured worker and provider discussed the results. Treatment plan consists of continuing medication regimen, daily walking and exercise therapy and the current request for 1 Intra-articular bilateral L4-L5 facet injection under fluoroscopic guidance and IV sedation and Hydrocodone (unknown dosage, frequency and quantity). On 09-08-2015 the Utilization Review determined the request for 1 intra-articular bilateral L4-L5 facet injection under fluoroscopic guidance and IV sedation and Hydrocodone (unknown dosage, frequency and quantity) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Intra-articular bilateral L4-L5 facet injection under fluoroscopic guidance and IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (acute & chronic): Facet joint intra-articular injections (therapeutic blocks) (07/17/2015).

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

Decision rationale: The ACOEM chapter on low back complaints states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint 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. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. There is not a documentation of failure of all first line and recommended therapies for the patient's back pain. For these reasons the request does not meet criteria guidelines and therefore is not medically necessary.

Hydrocodone (unknown prescription): Upheld

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

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

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.