

Case Number:	CM15-0020772		
Date Assigned:	02/10/2015	Date of Injury:	06/13/2003
Decision Date:	03/25/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/04/2015

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
 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:

The injured worker is a 58 year old male, who sustained an industrial injury on June 13, 2003. He has reported a motor vehicle accident. The diagnoses have included lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, cervical spondylosis without myelopathy, degeneration of cervical intervertebral disc, brachial neuritis or radiculitis, and sprain of neck. Treatment to date has included lumbar and cervical facet blocks, and medications. Currently, the IW complains of continued neck pain, low back pain, and several internal medicine issues. He rated his pain as a 10/10 without medications, and 5/10 with medications on a pain scale. The records indicate a year has passed since he has had a lumbar facet block and approximately two years passed since a cervical spine facet block. Physical findings are noted to be tenderness along the left interscapular, and pain at the trapezius. He is noted to have pain in the cervical spine region. He is positive for a straight leg raise test bilaterally, and Lasegue's bilaterally. He is also noted to have decreased range of motion. A magnetic resonance imaging of the lumbar spine dated October 22, 2014, indicates no significant disc herniation at L1-L2, and diffuse disc herniation at L2-L3. He has been prescribed Norco 10/325 since at least October 2014. On January 13, 2015, Utilization Review non-certified lumbar facet blocks at L2-S1 bilaterally, and Norco 10/325 mg #180. The MTUS and ODG guidelines were cited. On February 4, 2015, the injured worker submitted an application for IMR for review of lumbar facet blocks at L2-S1 bilaterally, and Norco 10/325 mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Blocks at L2-S1 bilaterally times1: 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), Treatment Index, 13th Edition (web), 2015, Low back, Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300. Decision based on Non-MTUS Citation Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg pain complaints and positive SLR bilaterally. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Submitted reports have not demonstrated support outside guidelines criteria. Facet blocks are also not recommended without defined imaging correlation not demonstrated here nor are they recommended over 2 joint levels concurrently as requested in this case without remarkable clinical findings. The Lumbar Facet Blocks at L2-S1 bilaterally times 1 is not medically necessary and appropriate.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would

otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg #180 is not medically necessary and appropriate.