

Case Number:	CM15-0035499		
Date Assigned:	03/04/2015	Date of Injury:	11/09/1999
Decision Date:	04/13/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/25/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old male who reported an injury on 11/09/1999. The mechanism of injury was not provided. Prior therapies included facet joint injections, physical therapy, chiropractic treatment, aquatic therapy, home exercise program, and medications. His surgical history was not provided. The documentation of 12/22/2014 revealed the injured worker was awaiting authorization for a repeat facet injection bilaterally at T6-7. The injured worker was noted to have a thoracic spine facet injection at the bilateral T6-7 and T7-8 on 02/28/2014. The injured worker indicated the injection was helpful in decreasing pain but had worn off. The injured worker was noted to be authorized for additional physical therapy sessions. The injured worker had approximately a year of chiropractic treatment, 20 visits of physical therapy, and a year of water therapy. The injured worker was participating in a home exercise program. The injured worker was taking Norco 10/325 mg 3 times per day. The injured worker indicated that the medication helped him decrease his pain by about 25% and allowed him to increase his activity level. The injured worker indicated that since decreasing his Norco to 3 times per day, he sleeps more at night since he is able to tolerate pain greater throughout the day. The physical examination revealed the injured worker had moderate tenderness to palpation in his mid thoracic facet region, approximately T6-7 and T7-8. The thoracic dermatomes were intact. Range of motion of the thoracic spine was decreased in all planes, especially with thoracic extension. The injured worker underwent a CURES report and urine drug screen. The diagnoses included multilevel degenerative disc disease and facet arthropathy of the thoracic spine with chronic superior endplate compression involving the T7 vertebral body. The treatment plan

included a facet joint injection at T6-7 and T7-8. It was noted it had been extremely beneficial to decrease pain and allow him to perform his activities of daily living including cooking for himself and sleeping through the night. It was noted to be 6 months since the last injection. The pain generator was noted to be identified. In regard to the Norco, the alternative risks and potential complications were discussed. The injured worker indicated he understood them. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Joint Injection Bilateral T6-7 and T7-8 Facets: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint injections, thoracic.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines do not recommend thoracic facet joint injections as there is limited research on therapeutic blocks or neurotomies in the region. The clinical documentation submitted for review indicated the injured worker had previously undergone facet injections. The injured worker indicated the facet injection was helpful to decrease pain. The injured worker had objective functional benefit. There was a lack of documentation of documented improvement in the VAS and decreased medications. The duration of pain relief was not provided. Given the above and the lack of documentation, the request for facet joint injection bilateral T6-7 and T7-8 facets.

Norco 10/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of

functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had objective functional improvement including increased sleep and had 25% pain relief. The injured worker was being monitored through CURES and urine drug screens. There was, however, a lack of documentation of side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #90 is not medically necessary.