

Case Number:	CM15-0052395		
Date Assigned:	03/25/2015	Date of Injury:	01/25/2008
Decision Date:	05/04/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, California
 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:

This is a 53-year-old male patient, who sustained an injury on 01/25/2008. The diagnoses include low back pain, lumbar spondylosis with myelopathy, and opioid dependence. Per the doctor's note dated 02/04/2015, he had complained of back pain. He rated the pain 7 out of 10. The physical examination showed full lumbar range of motion in all planes with the exception of extension due to pain, no tenderness to palpation over the lumbar paraspinal muscles, sensation intact to light touch in the bilateral lower extremities, and negative straight leg raise test. The medications list includes norco, Tylenol with Codeine, percocet and diazepam. He has undergone lumbar laminectomy on 9/25/2011. He has had an MRI of the lumbar spine on 10/14/2014, which revealed annular tear at L3-4 and L4-5 and mild foraminal narrowing at L3-4. He has had physical therapy and three epidural steroid injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Follow-up evaluations: 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), Pain (Chronic), Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Request: 10 Follow-up evaluations. MTUS guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127 Per the cited guidelines: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A detailed clinical evaluation with significant clinical findings that would require 10 follow up visits is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of 10 Follow-up evaluations is not fully established for this patient at this juncture. Therefore, the requested treatment is not medically necessary.

2 Lumbar block injections at bilateral L3-5: Upheld

Claims Administrator 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 - Lumbar & Thoracic, Lumbar Blocks.

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) Chapter: Low Back (updated 04/15/15) Facet joint medial branch blocks (therapeutic injections) Facet joint injections, lumbar Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: Request: 2 Lumbar block injections at bilateral L3-5. Per the cited guidelines: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Per the ODG low back guidelines Facet joint medial branch blocks (therapeutic injections) are Not recommended except as a diagnostic tool. Minimal evidence for treatment. Per the cited guidelines, facet joint intra articular injections are Under study. In addition, regarding facet joint injections, ODG states: There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. There is no high grade scientific evidence to support the medial branch block/ lumbar block injection for this patient. There is no documented evidence of a formal plan of additional evidence-based activity and exercise in addition to median branch block. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of 2 Lumbar block injections at bilateral L3-5 is not fully established for this patient at this juncture. Therefore, the requested treatment is not medically necessary.

Tylenol with Codeine #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-80.

Decision rationale: According to CA MTUS guidelines: A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. Response to antidepressants, anticonvulsant and other lower potency opioids like tramadol or tapentadol for chronic pain is not specified in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Tylenol with Codeine #60 is not established for this patient and is not medically necessary.