

Case Number:	CM14-0144279		
Date Assigned:	09/12/2014	Date of Injury:	05/23/2013
Decision Date:	10/15/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 23, 2013; Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and various interventional spine procedures. In a Utilization Review Report dated August 4, 2014, the claims administrator denied a request for lumbar medial branch blocks, approved a sacroiliac joint injection, and denied a request for Norco, partially certified a drug screen, and denied an interferential unit. The Utilization Review Report was over 15 pages long and somewhat difficult to follow. The applicant's attorney subsequently appealed. In an April 24, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. In a June 10, 2014 progress note, handwritten, difficult to follow, not entirely legible, the applicant represented with persistent complaints of low back pain. Muscle spasm was apparently appreciated on exam. Authorization was sought for medial branch blocks and SI joint injection therapy. The applicant was given refills of Nucynta and Fexmid. 7-8/10 pain was appreciated without medications versus 3-7/10 with medications, it was suggested. The applicant was not working, it was further noted. Fexmid was also endorsed. In a July 16, 2014 pain management consultation, the applicant presented reporting 9/10 low back pain. The applicant was off of work, it was acknowledged. The applicant was using Motrin and Norco and reported some side effects including nausea, heartburn, and constipation with the same. The applicant was given a refill of Norco. Medial branch blocks were apparently sought. The applicant was given diagnoses of discogenic pain, facet syndrome, and sacroiliac joint pain. Diffuse lumbar paraspinal tenderness and moderate facet tenderness were appreciated on exam. An interferential unit was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 Medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, of which the proposed medial branch blocks are a subset, are deemed "not recommended." In this case, there is a considerable lack of diagnostic clarity, furthermore, also arguing against the need for the medial branch blocks at issue. The applicant has been given a variety of diagnoses, including discogenic pain/facetogenic pain, muscle spasm/myofascial pain, and sacroiliac joint pain. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity present here as well as the unfavorable ACOEM position on the article at issue. Accordingly, the request is not medically necessary.

Prospective usage of Norco 2.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioids, criteria for u.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. While the attending provider did report some reduction in pain levels from 7-8/10 without medications to 3-7/10 with medications, the attending provider failed to recount any tangible or material improvements in function achieved as a result of ongoing Norco usage. The documentation on file, as noted previously, was sparse, handwritten, difficult to follow, and comprised, in many instances, of preprinted checkboxes with little or no narrative commentary. Therefore, the request was not medically necessary.

IF unit and supplies (rental or purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation topic. Page(s): 120.

Decision rationale: While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a one-month interferential current stimulator trial could be employed in applicants who have a history of diminished medication efficacy, a history of substance abuse which would prevent provision of analgesic medications, and/or issues with medication side effects resulting in ineffective analgesia, in this case, however, none of the aforementioned conditions were clearly reported here. There was no explicit mention of analgesic failure, analgesic intolerance, issues with substance abuse, and/or medication side effects present here. Therefore, the request was not medically necessary.