MAXIMUS Federal Services

Case Number:	CM14-0160856		
Date Assigned:	10/06/2014	Date of Injury:	05/27/2005
Decision Date:	10/31/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	09/30/2014

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 Pain Management 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 injured worker is a 49 year old female who sustained work-related injuries on May 27, 2005. September 8, 2014 records indicate that the injured worker continued to have low back pain but despite pain she was able to continue to full time work. On examination, she was well-appearing but in discomfort. She has mild pain on palpation on her lumbar spine with normal strength in the bilateral lower extremities. A magnetic resonance imaging (MRI) scan of the lumbar spine demonstrated some uptake of the gadolinium at the previous operative site at L3-4 and L4-5. She has transitional vertebrae at L5-S1 level. There is some enhancement mildly at the arthritic facet joints at this level as well as L2-3 level. Lumbar x-rays demonstrated straightening of the normal lumbar lordosis was solid posterior interbody and lateral fusion from L3-L5, transitional vertebrae at the L5-S1 level, and mild disc degeneration without significant movement upon flexion and L2-3. Per September 16, 2014 records, the injured worker continued to have low back pain primarily located below her fusion site. Low back pain radiates down both legs. She reported that she recently fell during one of her trips which irritated her low back and caused her to present at the emergency room. A computed tomography (CT)-scan performed on August 27, 2014 noted fusion L3 through L4 with L5-S1 mild/moderate bilateral facet arthropathy with moderate left and mild right foraminal stenosis. At L2-L3 there is mild bilateral facet arthropathy. Records dated September 24, 2014 documents that the injured worker was last seen by her provider on September 16, 2014. The provider indicated that with oxycodone IR 15mg, her pain complex was reduced by 50% and she was able to do grocery shopping, exercise at the gym, and perform household chores and that the injured worker is intolerant of non-steroidal anti-inflammatory drugs (NSAIDs). No attempts of weaning oxycodone due to worsening pain. The injured worker also completed a pain management agreement dated July 8, 2013 with no evidence of aberrant behavior, able to work, and been receiving opioid prescriptions from her

provider and a recent emergency room visit. She is diagnosed with (a) chronic low back pain with bilateral radicular pain/sciatica, (b) status post lumbar decompression and fusion at L3 to L5 with hardware removal and probable mild bilateral L5 radiculopathies, (c) possible sacroiliac joint mediated pain, (d) possible angular instability above fusion site, (e) chronic opioid management status post completion of pain management agreement and status post discussion of risks, benefits, and goals of opioid medication management, (f) autoimmune angioedema, hypertension, asthma and hypothyroidism, (g) non-steroidal anti-inflammatory drugs (NSAID) intolerance, and (h) facet arthropathy above and below fusion, transitional segment at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2-3 facet joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- TWC Low Back Procedure Summary last updated 06/22/14 regarding diagnostic facet blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections)

Decision rationale: Evidence-based ODG guidelines indicate that one of the primary criteria for the use of diagnostic blocks for facet mediated pain is the injured worker should exhibit low back pain that is non-radicular at no more than two levels. In this case, the injured worker is noted to have lumbar radicular pain that radiates down to both legs. Guideline criteria have not been met. Therefore, the medical necessity of the requested Bilateral L2-L3 facet injection is not established and the request is not medically necessary.

Bone scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Bone scan

Decision rationale: Evidence-based ODG guidelines indicate that bone scans are only indicated if the injured worker has a bone infection, cancer or arthritis. In this case, although diagnostic imaging studies indicate degenerative changes, this does not immediately pertain to arthritis. The clinical presentation of the injured worker does not meet the indications provided by guidelines. Therefore, the medical necessity of the requested bone scan is not established.

Oxycodone IR 15mg QTY: 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: According to evidence-based MTUS guidelines, one of the key points is that opioids can be discontinued if there is no overall improvement in function unless there are extenuating circumstances. In this case, the injured worker is noted to have allergic reactions with non-steroidal anti-inflammatory drugs (NSAIDs). Moreover, most recent records indicate that the pain improvement with this medication is about 50% and allowed the injured worker to continue shopping, exercise at the local gym, and perform household activities. Moreover, the injured worker is able to continue working at tolerable pain levels, has been receiving opioids from one source and does not show drug taking aberrant behavior. With this, the medical necessity of the requested Oxycodone IR 15mg quantity 120 is established.