

Case Number:	CM14-0088407		
Date Assigned:	07/23/2014	Date of Injury:	09/05/2013
Decision Date:	06/03/2015	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/12/2014

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. 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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 38-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and mid back pain with derivative complaints of posttraumatic headaches reportedly associated with an industrial injury of September 5, 2013. In a Utilization Review report dated June 5, 2014, the claims administrator failed to approve requests for bilateral T11-T12 perivertebral block, Skelaxin, and Ultram (tramadol). A partial approval for Ultram was apparently issued. Motrin and Flector patches were approved outright. A May 9, 2014 progress note was referenced in the determination. The claims administrator interpreted the request for T11-T12 block as a request for diagnostic blocks. The claims administrator alluded to the applicant is having had prior lumbar spine surgery at the L3-L5 levels. The applicant's attorney subsequently appealed. In an October 27, 2014 progress note, the applicant was placed off work, on total temporary disability. Ongoing complaints of mid and low back pain were reported. The applicant was given an operating diagnosis of failed back surgery syndrome. The attending provider stated that the applicant had sustained compression fractures of T11-T12. Therapeutic injections at T11-T12 were sought. The nature of the request was somewhat imprecise. It was suggested that the applicant pursue perivertebral facet injections in the thoracic region. It was acknowledged that the applicant also had primary complaints of neck and mid back pain. The applicant was also given a diagnosis of thoracic radiculopathy. Norco and Elavil were renewed while the applicant was kept off work, on total temporary disability. 9/10 pain with medications versus 10/10 pain without medications was reported. The applicant did have complaints of low back pain radiating to the bilateral legs; it

was further reported. In an RFA form dated October 17, 2014, both Norco and Elavil were renewed. In a work status report dated August 8, 2014, the attending provider suggested that the applicant remain off work, on total temporary disability, through December 1, 2014. On August 16, 2014, the applicant was given refills of tramadol, Motrin, and Skelaxin. The applicant was placed off work, on total temporary disability. The applicant was asked to pursue a perivertebral injection at T11-T12. The applicant had reportedly sustained T11-T12 compression fractures, it was reported. 8-9/10 pain with medications versus 10/10 pain without medications was reported. Once again, the applicant was given operating diagnoses of thoracic radiculopathy, a history of vertebral fracture, and failed back surgery syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral T11 and T12 Paravertebral Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: No, the bilateral T11-T12 perivertebral blocks (AKA facet injections) were not medically necessary, medically appropriate, or indicated here. The request was ambiguous and somewhat imprecise. Nevertheless, the attending provider's progress notes of October 27, 2014 and August 16, 2014 seemingly suggested that the request in question represented requests for facet joint injections at the level in question. However, the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181 notes that facet injections, the article at issue, are deemed "not recommended." It is further noted that there was considerable lack of diagnostic clarity here. The applicant was given primary operating diagnoses of thoracic radiculopathy and failed back surgery syndrome. The applicant had undergone an earlier L3-L5 lumbar fusion surgery, presumably for lumbar radiculopathy. The applicant was described as having complaints of low back pain radiating to the legs, right greater than left, on October 27, 2014. All of the foregoing, taken together, suggested that the applicant's primary operating diagnoses were, in fact, thoracic radiculopathy and lumbar radiculopathy. The request, thus, is not indicated both owing to (a) unfavorable ACOEM position on the article at issue and (b) seeming lack of bona fide facetogenic pain complaints. Therefore, the request was not medically necessary.

Skelaxin 800mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) and Skelaxin (metaxalone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Similarly, the request for Skelaxin, a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Skelaxin can be employed with caution as a second-line option in the short-term treatment of acute exacerbation of chronic low back pain, here, however, the 90-tablet supply of Skelaxin at issue suggested chronic, long-term, and thrice-daily usage of the same, i.e., usage which runs counter to the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Unknown prescription of Ultram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER, generic available in immediate release tablet).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Ultram (tramadol), a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. 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. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request. The attending provider's report of reduction in pain scores from 10/10 without medications to 8-9/10 with medications appeared minimal to marginal at best and was, furthermore, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function (if any) effected as a result of ongoing opioid usage. Therefore, the request was not medically necessary.