

Case Number:	CM15-0115292		
Date Assigned:	06/23/2015	Date of Injury:	11/20/2014
Decision Date:	09/15/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/15/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 41 year old male who sustained an industrial injury on 11/20/14. He reported complaints of low back pain. He was diagnosed with low back strain/sprain. Treatments include: medication, pain cream, medrox patches, moist heat, stretching, epidural steroid injections, massage therapy, physical therapy and chiropractic care. The 1/6/2015 MRI of the lumbar spine showed multilevel mild facet arthropathy, mild to moderate neural foramina stenosis and multilevel annular tears. Orthopedic progress note dated 5/18/15 reported continued low back pain described as sharp, aching pain shooting into the right leg. The lumbar epidural steroid injection performed on 4/13/2015 and 5/11/15 did not provide pain relief. Current pain level stated as 6/10. Conservative treatment measures have failed to provide relief. Diagnosis given is lumbosacral spondylosis. Plan of care includes compounded pain cream, Medrox patches and consent for bilateral L4-5 L5-SI inter articular steroid facet blocks under fluoroscopic guidance. The medications listed are oxycodone, Flexeril, Mobic, ibuprofen and Angrogel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inter-articular steroid facet block under fluoroscopic guidance: left L4-5 QTY: 1.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back.

Decision rationale: The CA MTUS and the MTUS guidelines recommend that lumbar facet injections can be utilized for the treatment of non radicular low back pain of facet origin when conservative treatments with medications and PT have failed. The records indicate subjective, objective and radiological findings consistent lumbar radiculopathy. The patient did not report significant pain relief or functional restoration following the past lumbar epidural injections. The guidelines noted that patients with significant psychosomatic symptoms report decreased efficacy to interventional pain procedures. The criteria for inter-articular steroid facet block under fluoroscopy guidance; left L4-L5 QTY 1 was not met and therefore is not medically necessary.

Inter-articular steroid facet block under fluoroscopic right L4-5 QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back.

Decision rationale: The CA MTUS and the MTUS guidelines recommend that lumbar facet injections can be utilized for the treatment of non radicular low back pain of facet origin when conservative treatments with medications and PT have failed. The records indicate subjective, objective and radiological findings consistent lumbar radiculopathy. The patient did not report significant pain relief or functional restoration following the past lumbar epidural injections. The guidelines noted that patients with significant psychosomatic symptoms report decreased efficacy to interventional pain procedures. The criteria for inter-articular steroid facet block under fluoroscopy guidance; right L4-L5 QTY 1 was not met and is not medically necessary.

Inter-articular steroid facet block under fluoroscopic guidance: left; L5-S1 QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back.

Decision rationale: The CA MTUS and the MTUS guidelines recommend that lumbar facet injections can be utilized for the treatment of non radicular low back pain of facet origin when conservative treatments with medications and PT have failed. The records indicate subjective, objective and radiological findings consistent lumbar radiculopathy. The patient did not report significant pain relief or functional restoration following the past lumbar epidural injections. The guidelines noted that patients with significant psychosomatic symptoms report decreased efficacy to interventional pain procedures. The criteria for inter-articular steroid facet block under fluoroscopy guidance; left L5-S1 QTY 1 was not met and is not medically necessary.

Inter-articular steroid facet block under fluoroscopic guidance: right L5-S1 QTY: 1.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back.

Decision rationale: The CA MTUS and the MTUS guidelines recommend that lumbar facet injections can be utilized for the treatment of non radicular low back pain of facet origin when conservative treatments with medications and PT have failed. The records indicate subjective, objective and radiological findings consistent lumbar radiculopathy. The patient did not report significant pain relief or functional restoration following the past lumbar epidural injections. The guidelines noted that patients with significant psychosomatic symptoms report decreased efficacy to interventional pain procedures. The criteria for inter-articular steroid facet block under fluoroscopy guidance; right L5-S1 QTY 1 was not met and is not medically necessary.

Medrox patches #25: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when standard first line NSAIDs, anticonvulsant and antidepressant have failed. The guidelines recommend that topical lidocaine patch be utilized as the second line medication. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The record did not indicate that first line medications are not effective. The guidelines recommend that topical medications be tried and evaluated individually to evaluate efficacy. The Medrox contains menthol 5% / capsaicin 0.0375% / methyl salicylate 20%. There is lack of guidelines

support for the use of menthol and methyl salicylate for the treatment of chronic musculoskeletal pain. The criteria for the use of Medrox patches #25 was not met and is not medically necessary.