MAXIMUS Federal Services

Case Number:	CM15-0122653		
Date Assigned:	07/06/2015	Date of Injury:	01/16/2004
Decision Date:	09/17/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/25/2015

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: New York
Certification(s)/Specialty: Emergency 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 injured worker is a 48 year old female, who sustained an industrial injury on 01/16/2004. The injured worker is currently able to attend full duty work. The injured worker is currently diagnosed as having neural encroachment bilateral L5-S1 with resultant progressive neurological deficit/radiculopathy, status post left shoulder arthroscopy, cervical myofascial pain, cervicogenic headache, left elbow pain, and left knee pain. Treatment and diagnostics to date has included psychiatric treatment, home exercise program, and medications. In a progress note dated 05/11/2015, the injured worker presented with complaints of low back pain with left lower extremity symptoms rated 7/10 on pain scale, cervical pain with left greater than right upper extremity symptoms rated 7/10, left shoulder pain rated 5/10, and left elbow pain rated 6/10. Objective findings include cervical and lumbar spine tenderness with limited range of motion and pain and left shoulder tenderness. The treating physician reported requesting authorization for facet blocks, Soma, and office visit with Gastroenterology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-S1 Facet Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Facet joint diagnostic blocks.

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

Decision rationale: Ca MTUS is silent on this topic. ODG guidelines cited above recommend facet injections as a diagnostic studies if facet neurotomy is planned. There is no documentation in the submitted chart material to support that a neurotomy is planned for this patient. Alternatively, facet injections with steroids are sometimes employed for therapeutic purposes. The ODG guidelines do not recommend this procedure citing the lack of qualities studies to support this use. The chart does not include the states purpose or intentions of this procedure. Without this, the request for cervical facet injections is not medically necessary.

Right L3-S1 Facet Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Facet joint diagnostic blocks.

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

Decision rationale: Ca MTUS is silent on this topic. ODG guidelines cited above recommend facet injections as a diagnostic studies if facet neurotomy is planned. There is no documentation in the submitted chart material to support that a neurotomy is planned for this patient. Alternatively, facet injections with steroids are sometimes employed for therapeutic purposes. The ODG guidelines do not recommend this procedure citing the lack of qualities studies to support this use. The chart does not include the states purpose or intentions of this procedure. Without this, the request for cervical facet injections is not medically necessary.

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle Relaxants Page(s): 29, 63-66.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, Soma (Carisoprodol) is "not recommended. This medication is not indicated for long-term use" stating concerns regarding abuse and withdrawal symptoms. In addition, non-sedating muscle relaxants are recommended with caution as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain...Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low

back pain cases, they show no benefit beyond NSAID's (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Also, there is no additional benefit show in combination with NSAID's". The reviewed medical records show that the injured worker has a history of low back pain, has failed oral non-steroidal anti-inflammatory drugs (NSAIDs), and was prescribed Soma (Carisoprodol) twice daily per progress note dated 05/11/2015. The treating physician does not report why this medication is being prescribed and there are no indications of muscle spasms. Therefore, based on the Guidelines and the submitted records, the request for Soma (Carisoprodol) is not medically necessary.

Office Visit with Gastroenterology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

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 pain-office visit.

Decision rationale: Ca MTUS is silent on this issue. The above cited guideline states "office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The submitted documentation does not discuss and signs, symptoms, or differential diagnosis to support the request for a gastroenterology consultation. It is unclear why a gatroenterology consultation is requested. There is no discussion of abdominal complaints or abdominal examination. Without the supporting documentation, the request for a gastroenterology consultation is not medically necessary.