

Case Number:	CM15-0169645		
Date Assigned:	09/10/2015	Date of Injury:	10/09/2001
Decision Date:	11/02/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 63-year-old female, who sustained an industrial injury on October 9, 2001, incurring injuries to her right ankle, left shoulder, neck and back. She was diagnosed with left shoulder impingement, ulnar neuritis, tennis elbow and Reflex Sympathetic Dystrophy. She had conservative treatment, but eventually had ankle debridement on July 30, 2002, a left shoulder arthroscopy and debridement on August 7, 2006. Treatment included spinal cord stimulation, sympathetic nerve blocks, narcotics, neuropathic medications, transcutaneous electrical stimulation unit, topical analgesic cream and patches. Currently, the injured worker complained of persistent low back pain interfering with her activities of daily living. She uses a power chair and scooter for mobility. She noted her pain to be 9-10 out of 10. Her function is severely limited and she was limited with doing any household chores. The treatment plan that was requested for authorization included a right lumbar facet injection, a left lumbar facet injection, a right lumbosacral facet injection a left lumbosacral facet injection and a request for a prescription for Lunesta 3 mg one refill with a quantity of 50. On September 21, 2015, a request for left and right lumbar and lumbosacral facet injections were non-certified by Utilization review. A request for a prescription of Lunesta 3 mg was modified for one refill with a quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 facet injection with epidurography, fluoroscopic guidance and conscious sedation, quantity: 1: 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), 2015 - Low Back Lumbar facet injection.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Injections Topic.

Decision rationale: Regarding the request for lumbar facet injections, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there are no recently documented objective examination findings supporting a diagnosis of facetogenic pain such as tenderness to palpation over the lumbar facets. Additionally, the patient in this case is not in the transitional phase between acute and chronic pain. Since these injections are of questionable merit and are not recommended by guidelines, this request is not medically necessary.

Right L5-S1 facet injection with epidurography, fluoroscopic guidance and conscious sedation, quantity: 1: 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), 2015 - Low Back Lumbar facet injection.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Injections Topic.

Decision rationale: Regarding the request for lumbar facet injections, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there are no recently documented objective examination findings supporting a diagnosis of facetogenic pain such as tenderness to palpation over the lumbar facets. Additionally, the patient in this case is not in the transitional phase between acute and chronic pain. Since these injections are of questionable merit and are not recommended by guidelines, this request is not medically necessary.

Lunesta 3mg, quantity: 50 with 1 refill: 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), 2015 - Pain/Mental: Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. With Eszopicolone (Lunesta), the guidelines state this agent "has demonstrated reduced sleep latency and sleep maintenance." It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Within the documentation available for review, there is no statement indicating what behavioral treatments have been attempted for the condition of insomnia. The ODG recommends non-pharmacologic treatments and education on behavior techniques and sleep hygiene as first line. Given this, the current request is not medically necessary.

Left L4-5 facet injection with epidurography, fluoroscopic guidance and conscious sedation, quantity: 1: 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), 2015 - Low Back Lumbar facet injection.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Injections Topic.

Decision rationale: Regarding the request for lumbar facet injections, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there are no recently documented objective examination findings supporting a diagnosis of facetogenic pain such as tenderness to palpation over the lumbar facets. Additionally, the patient in this case is not in the transitional phase between acute and chronic pain. Since these injections are of questionable merit and are not recommended by guidelines, this request is not medically necessary.

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Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2015- Low Back Lumbar facet injection.

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