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| Case Number: | CM15-0170496 | | |
| Date Assigned: | 09/11/2015 | Date of Injury: | 08/16/2012 |
| Decision Date: | 10/29/2015 | UR Denial Date: | 08/04/2015 |
| Priority: | Standard | Application Received: | 08/30/2015 |

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 51-year-old female, with a reported date of injury of 08-16-2012. The diagnoses include lumbar intervertebral disc degeneration, low back pain syndrome, numbness, and muscle pain. Treatments and evaluation to date have included oral medications, including Motrin (since at least 10-2014), and an ergonomic evaluation. The diagnostic studies to date have included electro diagnostic studies of the lower extremities on 07-02-2014 with normal findings; urine drug screening on 02-04-2015 with consistent findings; a urine drug screen on 04-02-2015 with inconsistent findings; and a urine drug screen on 06-15-2015 with inconsistent findings. The progress report dated 07-27-2015 indicates that the injured worker returned for re-evaluation of low back pain. Her pain was noted as getting worse. The injured worker would take Ibuprofen 800mg when her pain was severe and Ibuprofen 600mg when her pain was tolerable. She denied any significant side effects from the medications. It was noted that she stayed active and continued to work despite her chronic pain. The low back pain radiated to the right leg. She rated her pain 4 out of 10 without medications and 2 out of 10 with medications. The physical examination showed a normal gait, normal strength in the bilateral lower extremity, pain free to palpation of the sciatic notches, moderate tenderness and spasm over the paraspinals, increased pain with extension and rotations, and negative bilateral straight leg raise test. On 06-15-2015, the injured worker rated her pain 4-5 out of 10 without medications and 3-4 out of 10 with medications. It was noted that an MRI of the lumbar spine on 02-04-2013 showed small disc protrusions at L1-2 and L2-3; and a small disc protrusion that caused mild narrowing of the central canal at L4-5 with mild bilateral facet joint arthropathy causing mild narrowing of both

neural foramina. The injured worker was working full duty. The request for authorization was dated 07-28-2015. The treating physician requested a facet injection at the right L3-4, L4-5, and L5-S1 with conscious sedation under fluoroscopic guidance and Motrin 800mg #240. The treating physician stated that the goal of the injections was to reduce the injured worker's pain and improve their function. It was noted that the injections could also be diagnostic in helping to identify whether the facets were the pain generators. On 07-28-2015, Utilization Review non-certified the request for a facet injection at right L3-4, a facet joint injection at right L4-5, a facet joint injection at right L5-S1 since the guidelines do not support medial branch blocks at more than two joint levels; conscious sedation, and fluoroscopic guidance since the procedure is non-certified the associated requests are also non-certified; and modified the request for Motrin 800mg #240 to Motrin 800mg #60 to allow for documentation of on-going functional benefit and lack of toxicity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injections at right L3-4 #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.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back Pain.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with medications, exercise and PT. The guidelines stipulated that facets injections could be an option in the treatment of non-radicular low back pain originating from the facet joints. The records indicate that the patient had subjective, objective and radiological findings consistent with a diagnosis of lumbar radiculopathy not facet pain. There is documentation of significant pain relief with utilization of pain medications indicating that the patient was responding to conservative treatments. The criteria for fluoroscopic guided right L3-L4 #1 with conscious sedation were not medically necessary.

Facet injections at right L4-5 #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.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back Pain.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain that did not respond

to standard treatment with medications, exercise and PT. The guidelines stipulated that facets injections could be an option in the treatment of non-radicular low back pain originating from the facet joints. The records indicate that the patient had subjective, objective and radiological findings consistent with a diagnosis of lumbar radiculopathy not facet pain. There is documentation of significant pain relief with utilization of pain medications indicating that the patient was responding to conservative treatments. The criteria for fluoroscopic guided right L4-L5 #1 with conscious sedation were not medically necessary.

Facet injections at right L5-S1 #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.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back Pain.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with medications, exercise and PT. The guidelines stipulated that facets injections could be an option in the treatment of non-radicular low back pain originating from the facet joints. The records indicate that the patient had subjective, objective and radiological findings consistent with a diagnosis of lumbar radiculopathy not facet pain. There is documentation of significant pain relief with utilization of pain medications indicating that the patient was responding to conservative treatments. The criteria for fluoroscopic guided right L5-S1 #1 with conscious sedation were not medically necessary.

Conscious sedation #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.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back Pain.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with medications, exercise and PT. The guidelines stipulated that facets injections could be an option in the treatment of non-radicular low back pain originating from the facet joints. The records indicate that the patient had subjective, objective and radiological findings consistent with a diagnosis of lumbar radiculopathy not facet pain. There is documentation of significant pain relief with utilization of pain medications indicating that the patient was responding to conservative treatments. The guidelines recommend that sedation or anesthesia should not be used during diagnostic blocks procedures so that efficacy can be evaluated. The criteria for fluoroscopic guided Facet injections with Conscious Sedation #1 were not medically necessary.

Fluoroscopic guidance #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.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back Pain.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with medications, exercise and PT. The guidelines stipulated that facets injections could be an option in the treatment of non-radicular low back pain originating from the facet joints. The records indicate that the patient had subjective, objective and radiological findings consistent with a diagnosis of lumbar radiculopathy not facet pain. There is documentation of significant pain relief with utilization of pain medications indicating that the patient was responding to conservative treatments. The criteria for fluoroscopic guided facet injections were not medically necessary.

Motrin 800mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for short-term treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The guidelines recommend that the use of NSAIDs be limited to minimum dosage for the shortest time periods to minimize the incidence of adverse medication effects. The guidelines did not support the prescriptions of multiple medication refills without regular clinical evaluation and documentation of continual efficacy, absence of adverse effects and functional restoration. The criteria for the use of Motrin 800mg #240 were not medically necessary.