

Case Number:	CM15-0172147		
Date Assigned:	09/14/2015	Date of Injury:	11/09/1999
Decision Date:	10/20/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/01/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male who sustained an industrial injury on 11-09-1999. Diagnoses include multilevel degenerative disc disease and facet arthropathy of the thoracic spine, and chronic superior endplate compression involving the T7 vertebral body. Physician progress notes from 02-17-2015 dated 06-04-2015 documents the injured worker complains of mid back pain and spasms that he rates as 7-8 out of 10 on the pain scale. He complains of numbness as well. His numbness spreads up to his shoulder blades at times, which is equal on both sides. His pain interrupts his sleep. He had thoracic facet injection bilaterally on 09-20-2013 and on 02-28-2014 at T6-T7 and T7-T8 and reported it decreased his pain by 50% and he had pain relief for several months. At both times he was able to increase his walking by 10 to 20 minutes, and decrease his pain medication. He takes Norco to 3 times a day for pain. It helps decrease his pain by 20-30% and he is able to increase his walking distance by at least 10 minutes. It allows him to cook, get out of bed, perform his daily chores and shop for groceries. He has taken Tramadol and Tylenol with Codeine in the past and it did not help with his pain. He has tried Gabapentin but had significant side effects. Treatment to date has included diagnostic studies, medications, facet injections, chiropractic sessions, physical therapy, aqua therapy, and follows a home exercise program. The treatment plan included a pain management consultation. On 08-17-2015 the Utilization Review modified the requested treatment Norco 10/325mg #90 to Norco 10-325mg #80 for weaning. Medial branch block bilateral T6-7 and T7-8 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with pain affecting the mid back. The current request is for Norco 10/325mg #90. The treating physician report dated 6/4/15 (8B) states, "He states that the medication helps to decrease his pain by about 20-30% temporarily and allows him to increase his walking distance by at least 10 minutes." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Norco since at least 11/24/14 (270B). The report dated 6/4/15 (7B) notes that the patient's pain level is 7-8/10. No adverse effects or adverse behavior were noted by patient. The patient's ADLs have improved such as the ability to cook, get out of bed, perform daily chores, go grocery shopping, and care for himself. The patient's last urine drug screen was consistent and the physician has a signed pain agreement and CURES report on file as well. The continued use of Norco has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required As are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.

Medial branch block bilateral T6-7 and T7-8: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation ASIPP Practice Guidelines; and on the Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low Back, Facet joint medial branch blocks.

Decision rationale: The patient presents with pain affecting the mid back. The current request is for Medial branch block bilateral T6-7 and T7-8. The treating physician report dated 6/4/15 (8B) states, "His thoracic facet injection continues to be denied. Therefore I am changing my request to an MBB bilateral T6-7, T7-8. The patient has clinical and radiographic evidence of facet

arthopathy." The MTUS guidelines do not address the current request. The ACOEM guidelines do not discuss facet joint syndrome, but do support medial branch diagnostic blocks on page 301. The ODG Guidelines under the low back chapter regarding facet joint diagnostic blocks provide more detailed discussion and allows for facet diagnostic evaluation, but not therapeutic injections for facet joints. In this case, the treating physician is requesting an MBB due to the continued denial of a request for thoracic facet joint injections, and the ODG guidelines only support MBBs as a diagnostic tool. There is no discussion by the treating physician in the documents provided that suggests the current request is for diagnostic purposes. The current request is not medically necessary.