

Case Number:	CM15-0070587		
Date Assigned:	04/20/2015	Date of Injury:	11/24/2012
Decision Date:	07/24/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/14/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 (IW) is a 48-year-old female who sustained an industrial injury on 11/24/2012. Diagnoses include cervical sprain/strain; lumbar sprain; bilateral lumbar facet hypertrophy and arthropathy; and left knee trauma with internal derangement, status post surgery, with residual pain. Treatment to date has included medications, physical therapy, massage therapy and chiropractic care. MRI of the lumbar spine on 3/25/13 showed spinal canal narrowing at L1-2, through L5-S1 and neuroforaminal narrowing at L3-4 through L5-S1. According to the progress notes dated 2/23/15, the IW reported continued lower back pain rated 7-8/10 when aggravated by prolonged sitting, standing or bending. The pain radiated down the left leg to the knee; there was no distal lower extremity pain. She rated her pain 5/10 with Ultracet. She also reported neck pain rated 3/10. On examination, range of motion of the lumbar spine was reduced and painful. There was pain over the spinous processes of L4-5 and L5-S1 on the midline and over the L3-4 to L5-S1 facets bilaterally. Muscle spasms were present from T12 to L5. FABER testing, as well as facet loading, was positive bilaterally. The left knee was painful over the subpatellar area close to the joint line. McMurray's sign was positive. Lower extremity reflexes, peripheral pulses and sensation were normal. A request was made for Ultracet 37.5/325mg, #60 for severe pain; urine toxicology screen to check compliance with the pharmacological regime; and bilateral lumbar diagnostic facet blocks under C-arm fluoroscopy at levels L4-5 and L5-S1 medial branches due to continued low back pain after failed conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37. 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain persisted over time and long-term use is not indicated. The claimant required invasive procedures. Tricyclic or Tylenol (alone) failure was not noted. The continued use of Ultracet is not medically necessary.

Urine toxicology screen: 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 Chronic Pain Treatment Guidelines Urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

Bilateral lumbar diagnostic facet block under C-arm fluoroscopy at level L4-5 and L5-S1 medial branches: Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- low back chapter and pg 36.

Decision rationale: According to the guidelines, Criteria for the use of diagnostic blocks for facet mediated pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session

(see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a sedative during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the claimant had persistent pain despite conservative measures. There was no evidence of radiculopathy. Facet pain was noted. A request for an MBB is medically necessary.