

Case Number:	CM13-0022409		
Date Assigned:	03/19/2014	Date of Injury:	11/29/2011
Decision Date:	04/28/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/10/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 34-year-old male with a date of injury 11/29/2011. According to report dated 08/19/2013 by [REDACTED], the patient presents with complaints of bilateral shoulder, right elbow, right forearm, right wrist, right hand, neck, knee, and upper and lower back pain. The patient also complains of difficulty falling asleep due to pain. The patient is currently taking Flexeril, Anaprox, tramadol, Ambien, Cartivisc, and Norco which the patient states all has been helpful. Examination reveals reflexes for the biceps, triceps and brachioradialis are absent bilaterally. The patient has no loss of sensibility of normal sensation or pain in the anterior lateral shoulder and arm of the right corresponding to the C5 dermatome. It is noted that the patient has sensory deficit of the lateral forearm, hand, and thumb of the left with distorted superficial tactile disability corresponding to the C6, C7, and C8 dermatome. At level C4-C5, C5-C6, C6-C7, and C7-T1, palpation reveals severe paraspinal tenderness and muscle guarding bilaterally. There is also severe tenderness at the facet joints bilaterally. Foraminal compression test, Jackson's compression test, shoulder depressor test, and Valsalva's test are all positive on both sides. Range of motion of the cervical spine reveals flexion 50, extension 45, rotation 45/50, and lateral tilt/flex 25/30. MRI of the cervical spine dated 08/13/2013 revealed, prominent artifact in the left neck from a metallic density. There is a question of prominent 12x12mm bony projection or osteophyte arising off of the left C6-7 uncovertebral joint with encroachment upon the left neural foramina at the level.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE CERVICAL FACET BLOCK AT THE MEDIAL BRANCH AT LEVELS C3-4,C4-5,C5-6 BILATERALLY BETWEEN 08/16/2013 AND 10/15/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Joint Diagnostic blocks.

Decision rationale: The treating physician is requesting cervical facet blocks at the medial branch levels C3-C4, C4-C5, and C5-C6 bilaterally. ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well as radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. As medical records document, this patient has not had any prior cervical injections. In this case, the patient presents with paravertebral tenderness that is not radiating in pain and a diagnostic facet block may be warranted. However, the physician is requesting a three level injection which is not supported by ODG. Recommendation is for denial.

ONE RHIZOTOMY (IF SUCCESSFUL AXIAL PAIN RELIEF OF 70% FOR UP TO FOUR HOURS) (AT THE LEVELS THAT MEET THIS CRITERIA) BETWEEN 8/16/2013 AND 10/15/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: ACOEM guidelines page 174 incidentally notes under foot note: "There is limited evidence that RF neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited (n=24,28)." For further discussion ODG is consulted. ODG requires diagnostic injection of the facet joint using a MBB prior to considering a Rhizotomy. ODG further states that no more than two levels are to be performed at one time. In this case, the requested diagnostic block has been denied and the treater is aiming for 3 levels, which is not supported by ODG. Recommendation is for denial.

ONE INNERVATION OF CERVICAL FACET JOINT BETWEEN 8/16/2013 AND 10/15/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Facet Joint Diagnostic blocks.

Decision rationale: There is a request for an innervation of cervical facet joint. This is presumed to be a description of the nerves to be addressed in Rhizotomy. ACOEM guidelines page 174 incidentally notes under foot note that there is limited evidence that RF neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited (n=24,28). For further discussion ODG is consulted. ODG requires diagnostic injection of the facet joint using a MBB prior to considering a Rhizotomy. ODG further states that no more than two levels are to be performed at one time. In this case, the requested diagnostic block has been denied and the physician is aiming for 3 levels, which is not supported by ODG. Recommendation is for denial.

ONE INTERNAL MEDICAL CLEARANCE BETWEEN 08/16/13 AND 10/15/2013:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 7, PAGE 127

Decision rationale: Medical records do not clearly dictate what this medical clearance is for; however, it is presumed the treating physician is seeking clearance for the requested injections. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 states that a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In this case, the physician is requesting a medical clearance prior to the request injections. However, MTUS guidelines do not require a medical clearance for injections. Recommendation is for denial.

ONE PRESCRIPTION OF CYCLOBENZAPRINE 10% GABAPENTIN10% 3ML BETWEEN 8/16/13 AND 10/15/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The treating physician is requesting a topical compound cream containing cyclobenzaprine 10% and gabapentin 10%. The MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least 1 drug class or a drug class that is not recommended is not recommended. Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. Recommendation is for denial.