

Case Number:	CM13-0023818		
Date Assigned:	11/15/2013	Date of Injury:	03/31/2010
Decision Date:	02/06/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in New York and Texas. 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 physician 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 60-year-old female who reported an injury on 03/31/2010. The mechanism of injury was stated to be a head-on collision, motor vehicle accident. The patient was noted to be knocked unconscious. The patient was noted to have a fracture of C2-3 and had anterior plating and posterior fusion. The patient was noted to have decreased right lateral rotation compared to the left with complaints of pain, 3 FB flexion, decreased extension and no Spurling's or Lhermitte's, thyromegaly. The patient was noted to have tightness of the trapezius and "straps," especially the right, and pain with rotation along with pain in the mid to lower neck. The patient was noted to be tender at right C4 and C6-7 upon palpation. The diagnoses were noted to include postlaminectomy syndrome at C2-3. The request was made for a right cervical medial branch block at C3-4 and a refill of hydrocodone 1 per day for episodic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right-sided cervical medical branch block, C3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 301-301. Decision based on Non-MTUS Citation (ODG), Neck & Upper Back Chapter, Medial Branch Block.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Medial Branch Block.

Decision rationale: The ACOEM Guidelines indicate that facet joint injections do not meet inclusion criteria per research-based evidence. However, as the physician is requesting, a secondary source of Official Disability Guidelines was sought. The Official Disability Guidelines recommend that the criteria for the use of diagnostic blocks for facet nerve pain include: clinical presentation should be consistent with facet joint pain signs and symptoms, and it was noted to be limited to patients with cervical pain that was non radicular and at no more than 2 levels bilaterally; there should be documentation of the failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. The most common symptom of facet pain was unilateral pain that did not radiate past the shoulders. The clinical documentation submitted for review indicated that the patient had pain with numbness going to both shoulders. The patient was noted to have tightness and spasms and was noted to be not complaining as much of pain radiating into her bilateral arms and fingers and all of the hands as well as the ribcage. The clinical documentation submitted for review indicated that the patient had radiating pain, which would be radicular. Additionally, there was a lack of documentation indicating the failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. Given the above, the request for a right cervical medial branch block at C3-4 is not medically necessary.

Hydrocodone-1 per day for episodic pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone Page(s): 91.

Decision rationale: The California MTUS Guidelines indicate that there are no FDA-approved hydrocodone products for pain unless formulated as a combination. The request as submitted was for hydrocodone 1 per day for episodic pain and failed to provide a quantity. Given the above and the lack of documentation, the request for hydrocodone 1 per day for episodic pain is not medically necessary.