

<b>Case Number:</b>	CM13-0033977		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/01/2009
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Orthopedic Surgery and is licensed to practice in Arizona. 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 57-year-old female who had an injury to her cervical spine on 10/1/2009. The mechanism of injury was allegedly due to prolonged sitting and computer work required at her job. Examination on October 31, 2013, states that the patient presents with neck pain located in the upper posterior cervical area and on both sides of the midline. It radiates into both upper extremities down into both her hands; it is associated with numbness, aching, burning, and tingling. The patient has a positive Spurling maneuver and bilateral muscle spasticity. Past medical history is significant for psoriatic arthritis and fibromyalgia. On physical examination, there is no motor or sensory deficit and deep tendon reflexes are symmetrical. On 9/13/2013, the examiner thought he could elicit pain on loading the facet joints at C6-C7 and T1. In 2012, patient had bilateral radiofrequency neurotomies at C4-C5 and C6 and had decrease in her pain scores to 2 and 3/10. On 7/19/2013, the patient had a right C4-C5 and C6 radiofrequency neurotomy. On 8/12/2013, her provider noted that she had resolution of her right-sided neck pain. However, her current pain score was still 5/10. She had a generalized flare-up of her fibromyalgia and exacerbation of her cervical muscle spasticity and an increase in her headaches. She also has some medial scapular pain on the left. Her left-sided neck pain has not returned. The patient has been having acupuncture sessions during the same time period as her radiofrequency neurotomies. Her last and 6th session of acupuncture was on 8/29/13; two weeks after her pain level was 2/10. On 5/31/2012 the patient had an MRI of her cervical spine, this revealed multilevel degenerative disc disease. Of note, is that there was no significant facet hypertrophy at C6-C7 and the facet joints showed no abnormality at C7-T1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DECISIONA FOR CERVICAL MEDIAN BRANCH NERVE BLOCK AT THE BILATERAL C6, C7 AND T1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Neck and Upper Back Chapter, Facet joint diagnostic blocks

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back complaints

**Decision rationale:** The MTUS guidelines state that invasive techniques, such as facet blocks, have no proven benefits in treating acute neck or upper back symptoms. However, many pain physicians believe a diagnostic and/or therapeutic injection may help patients presenting in the transition phase between acute and chronic pain. This patient apparently received very good pain relief from the radiofrequency neurotomies that were done in 2012 but she only had limited relief from the neurotomy that was done on 7/19/2013. In addition, ODG states that diagnostic facet blocks should be limited to patients who do not have radicular symptoms as this patient does. The facet block is done in anticipation of doing a radiofrequency neurotomy. The current literature does not support that a radiofrequency neurotomy is successful without sustained pain relief of at least 6 months. This patient only had relief for less than a month. In addition, according to the medical record, the patient had persistent complaints of upper cervical pain and it is only on the last examination of 9/13/2013 that there are signs of facet tenderness in the lower cervical area. The MRI scan that the patient had showed only minor abnormalities in the facet joints at C6-C7 and no abnormalities at C7-T1. The patient was also having a flare-up of her fibromyalgia with an increase in cervical muscle spasticity and pain after her 7/19/2013 radiofrequency neurotomy and was receiving acupuncture treatments around the same time as the radiofrequency neurotomy. These additional factors tend to obscure and con found any benefit that might have been received by the radiofrequency neurotomy. Therefore, based on the above factors, the medical necessity of medial branch nerve blocks at C6-C7 and T1 has not been established. Given the above the request is not medically necessary and appropriate.

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**DECISION FOR 30 LIDODERM PATCHES, 12 HOURS ON, 12 HOURS OFF:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**Decision rationale:** The MTUS guidelines state topical Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy -antidepressant medication or anticonvulsive medication. It is only FDA approved for post herpetic neuralgia. Therefore research as needed to recommend this treatment for chronic neuropathic pain disorders. Since Lidoderm patches are being recommended for chronic neck pain and not for neuropathic pain or peripheral pain, the medical necessity of this treatment has not been established. Therefore the request is not medically necessary and appropriate.