

Case Number:	CM13-0058696		
Date Assigned:	12/30/2013	Date of Injury:	02/23/2011
Decision Date:	05/06/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/27/2013

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 and Rehabilitation, has a subspecialty in Pain Management, 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:

This patient is a 68-year-old female with date of injury of 02/23/2011. Per treating physician's report 10/25/2013, chief complaint is that of cervical radiculopathy. The patient has done well since epidural steroid injection in April 2013, but most of her pain remains on the side and the back of her neck aggravated with extension reaching causing significant headaches. Exam showed tenderness and tightness in the posterolateral area over the trapezius rhomboid and 50% restriction of the extension. Listed assessments are cervical degenerative disk disease at C5-C6 and C6-C7, cervical radiculopathy, improved significantly after the epidural injection, cervical facet arthrosis which is affecting both sides right greater than left, left De Quervain syndrome. Recommendation was for bilateral C4-C5 and C5-C6 facet joint medial branch injections and fentanyl patches 50 mcg q. 72 #10. MRI of the C-spine from 06/23/2010 showed broad-based disk bulge at C5-C6 and C6-C7 extending to the right foramen at C5-C6 and into the left foramen at C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL C4-C5, C5-C6 FACET JOINT MEDIAL BRANCH INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medial Branch Blocks Section

MAXIMUS 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 (ODG), Facet Joint Chapter

Decision rationale: This patient presents with chronic neck and upper extremity pain. The request is for facet diagnostic evaluations at C4-C5 and C5-C6. ACOEM Guidelines does discuss limited evidence for radiofrequency neurotomy according to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines. ODG Guidelines have more detailed discussion regarding facet diagnostic blocks. It states under criteria for use of facet diagnostic blocks, "limited to patients with cervical pain that is nonradicular and at no more than two levels bilaterally. In this patient, the patient clearly has a diagnosis of radiculopathy, having undergone epidural steroid injection with improvement. The treater feels that the patient has residual facet pain with the arm symptoms improved. However, when patients present with radicular symptoms, facet diagnostic evaluations are not recommended. The request for a bilateral C4-C5, C5-C6 facet joint medial branch injection is not medically necessary or appropriate.

PHARMACY PURCHASE OF FENTANYL PATCH 50MCG #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-term Use Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-term Use Section Page(s): 88-89.

Decision rationale: This patient presents with chronic neck pain. There is a request for fentanyl patches. Review of the reports from February 1 to December 20, 2013 do not show documentation of pain and function as related to the use of fentanyl patches. There are some sporadic comments regarding medication such as May 17, 2013 report stating that the current medications are beneficial and that with medications pain is reduced. There is also a statement on June 20, 2013 stating that the pain is better with medications, August 23, 2013 report stating that the patient is using fentanyl. Other than these generic statements, no specifics are provided regarding the patient's pain level; no use of numeric scale is provided; no specifics of activities of daily living are discussed. The Chronic Pain Medical Treatment Guidelines have clear guidelines regarding chronic opiate use. It requires documentation of pain and function as compared to the baseline.