

Case Number:	CM13-0067292		
Date Assigned:	01/03/2014	Date of Injury:	05/17/1999
Decision Date:	04/22/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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, has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 55-year-old female who reported an injury on 05/17/1999. The mechanism of injury was not stated. The patient is currently diagnosed with lumbago, lumbar or thoracic radiculitis, lumbar disc degeneration, cervical facet arthropathy, cervical pain, and myofascial pain syndrome. The patient was recently seen by [REDACTED] on 11/13/2013. The patient reported 7/10 pain. Physical examination revealed tenderness to palpation of the cervical spine, painful range of motion, and full strength in all neck muscles. Treatment recommendations included continuation of current medication and cervical medial branch blocks at C3-6 bilaterally. It is also noted the patient underwent an MRI of the cervical spine on 10/28/2013, which indicated postsurgical changes of ACDF at C6-7, disc protrusion at C3-4 and C5-6, and multilevel facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL CERVICAL MEDIAL BRANCH BLOCK AT C3-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs, and symptoms. As per the documentation submitted, the patient's physical examination on the requesting date of 11/13/2013 did not reveal any signs or symptoms of facet mediated pain. There is no documentation of a recent failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. Additionally, Official Disability Guidelines state no more than two joint levels are injected in 1 session. Facet joint injections should not be performed in patients who have had a previous fusion procedure at the planned injection level. Based on the clinical information received, the patient does not currently meet criteria for the requested procedure. Therefore, the request is non-certified.

PRESCRIPTION OF 180 PERCOCET 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until there is a failure to respond to nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report 7/10 pain. Satisfactory response to treatment has not been indicated. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.