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| Case Number: | CM14-0102908 | | |
| Date Assigned: | 09/24/2014 | Date of Injury: | 11/15/2005 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 06/17/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

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 Medicine and is licensed to practice in California and Washington. 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 injured worker is a 58-year-old female who reported a repetitive strain injury on 11/5/2005. The current diagnoses include chronic, severe neck pain, cervical spondylosis, symptoms of radiculopathy, myofascial pain/spasm, poor sleep hygiene, and neuropathic pain symptoms. The injured worker was evaluated on 06/09/2014, with complaints of neck and upper extremity pain. Previous conservative treatment is noted to include physical therapy and medications. Physical examination revealed limited cervical range of motion, paracervical trigger points, positive occiput and paracervical tenderness, and intact sensation. Treatment recommendations at that time included prescriptions for a Flector patch and Lyrica 50 mg, as well as an interlaminar versus transforaminal cervical epidural steroid injection. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4, C5, C6 & C7 Medical Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC- Pain, Neck, Upper back Procedure

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 Block.

Decision rationale: The California Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state invasive techniques such as facet joint injections have no proven benefit in treating acute neck and upper back symptoms. The Official Disability Guidelines state the clinical presentation should be consistent with facet joint pain, signs and symptoms. No more than 2 joint levels are injected in 1 session. As per the documentation submitted, the injured worker's physical examination does not reveal any evidence of facet mediated pain. Additionally, the Official Disability Guidelines do not recommend more than 2 joint levels be injected in 1 session. Based on the clinical information received, the request is not medically appropriate.

Flector Patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no strength or frequency listed in the request. As such, the request is not medically appropriate.