

Case Number:	CM14-0108298		
Date Assigned:	08/04/2014	Date of Injury:	10/17/2001
Decision Date:	09/10/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/11/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 44-year-old female was reportedly injured on October 17, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 10, 2014, indicated that there were ongoing complaints of left sided neck pain and upper back pain radiating to the left arm. Previous usage of Tramadol was stated to be ineffective. The physical examination demonstrated a negative right-sided Tinel's test at the wrist and an equivocal Tinel's test of the left wrist. Diagnostic imaging studies of the cervical spine indicated a previous fusion and facet disease at the C3-C4 level. Previous treatment included a cervical spine fusion. A request had been made for a left-sided cervical medial branch block at C3-C4 and C4-C5 and Norco and was not certified in the pre-authorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Medial Branch Block at left C3-4 and C4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline -Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Joint Diagnostic Blocks.

Decision rationale: According to the Official Disability Guidelines, facet joint block should not be performed at a level of the previous fusion. The injured employee has had a previous fusion at the C3-C4 level. Considering this, the request for cervical medial branch blocks at C3-C4 and C4-C5 is not medically necessary.

Norco 7.5/325mg #120 with 3 refills for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines- Neck, Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.