

Case Number:	CM14-0010654		
Date Assigned:	02/21/2014	Date of Injury:	01/30/2011
Decision Date:	07/17/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine 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:

The patient is a 57-year-old female who has filed a claim for neck sprain associated with an industrial injury date of January 30, 2011. Review of progress notes indicates left upper neck pain radiating to the back of the head and the left arm. Patient also has low back pain radiating down the lower extremities, left more than right. Patient notes that diagnostic C2-3 injection had greatly helped. Findings of the cervical region include tenderness to the left cervical musculature and decreased range of motion. Regarding the lumbar spine, findings include tenderness of the left lumbar region, PSIS, and SI joint. Mention of a cervical MRI showed moderate degeneration and autofusion of the left C2-3 facet joint, moderate arthritis of the C3-4 and C4-5 facet joints on the right, and small right disc osteophyte complexes at C5-6 and C6-7. Treatment to date has included NSAIDs, opioids, Voltaren gel, and upper neck facet joint injections. Utilization review from January 16, 2014 denied the requests for radiofrequency neurotomy C2-3 joint as there is no documentation showing adequate diagnostic blocks; Vicodin 5/500mg #60 as there is no documentation identifying quantifiable pain relief and functional improvement; and routine drug screen as previous urine drug screens were negative for all medications and there is no indication that this patient is at risk for aberrant behaviors.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY NEUROTOMY CERVICAL 2-3 JOINT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation (ODG) Neck and Upper Back chapter, Facet joint radiofrequency neurotomy.

Decision rationale: CA MTUS states that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. In addition, ODG criteria for cervical RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Patient has had previous facet joint injections with reported significant benefit. However, there is no documentation describing the measurable benefits derived from the previous cervical facet blocks. There is also no documentation of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Additional information is necessary at this time to support this request. Therefore, the request for radiofrequency neurotomy C2-3 joint was not medically necessary.

ROUTINE URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Previous urine drug screens in 2013 and 2014 were negative for all medications. There is no indication of the quantity of this requested procedure. Also, the request for opiate medication is not authorized. Therefore, the request for routine urine drug screen was not medically necessary.

VICODIN 5/500 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on page 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

Patient has been on this medication since at least March 2013. In this case, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Also, urine drug screens from 2013 and 2014 do not detect the presence of any medication, which is inconsistent, as patient has been prescribed Vicodin. It is unclear as to whether the patient has been using this medication. Additional information is necessary to support this request. Therefore, the request for Vicodin 5/500mg #60 was not medically necessary.