

Case Number:	CM14-0166260		
Date Assigned:	10/15/2014	Date of Injury:	02/15/1992
Decision Date:	11/18/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/08/2014

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 Orthopedic Spine Surgeon, and is licensed to practice in Texas. 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 72-year-old male who reported an injury on 02/15/1992. The mechanism of injury involved a motor vehicle accident. The current diagnoses include lumbar post laminectomy syndrome and cervical post laminectomy syndrome. The injured worker was evaluated on 09/12/2014. Previous conservative treatment is noted to include epidural steroid injection, physical therapy, and medications. The injured worker is also status post C5-6 fusion and 2 cervical facet neurotomy procedures. The injured worker presented with complaints of worsening neck pain and increasing radicular symptoms in the left upper extremity. The current medication regimen includes Lidoderm 5% patch, Flexeril 10 mg, Percocet 5/325 mg, Topamax 50 mg, Valium 5 mg, Capsaicin cream, and Desonide cream. The physical examination revealed tenderness to palpation with spasm and guarding of the left cervical brachial region and bilateral cervical paraspinal muscles, 40 degree flexion, 10 degree extension, and 45 degree rotation bilaterally. Treatment recommendations at that time included bilateral cervical facet injection at C4-5 and C5-6 and continuation of the current medication regimen. A Request for Authorization form was then submitted on 09/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral permanent cervical facet joint injection at C4-C5 (aka radiofrequency ablation), each additional lever, Arthrogram, under fluoroscopic guidance, with IV (intravenous) sedation: Upheld

Claims Administrator 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), Neck and Upper Back (Acute and Chronic)

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, Facet joint radiofrequency neurotomy

Decision rationale: The California MTUS/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, prior to a diagnostic block for facet nerve pain, the clinical presentation should be consistent with facet joint pain, signs, and symptoms. Facet joint injections are limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. It is noted that the injured worker is status post C5-6 fusion. There is no documentation of facet mediated pain upon physical examination. Prior to a facet joint radiofrequency neurotomy, the treatment requires a diagnosis of facet joint pain. There is no documentation of a successful diagnostic facet joint injection prior to the request for a radiofrequency ablation. Based on the clinical information received, the request cannot be determined as medically appropriate at this time.

Bilateral permanent cervical facet joint injection at C5-C6 (aka radiofrequency ablation), each additional lever, arthrogram, under fluoroscopic guidance, with IV (intravenous) sedation: Upheld

Claims Administrator 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), Neck and Upper Back (Acute and Chronic)

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, Facet joint radiofrequency neurotomy

Decision rationale: The California MTUS/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, prior to a diagnostic block for facet nerve pain, the clinical presentation should be consistent with facet joint pain, signs, and symptoms. Facet joint injections are limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. It is noted that the injured worker is status post C5-6 fusion. There is no documentation of facet mediated pain upon physical examination. Prior to a facet joint radiofrequency neurotomy, the treatment requires a diagnosis of facet joint pain. There is no documentation of a successful diagnostic

facet joint injection prior to the request for a radiofrequency ablation. Based on the clinical information received, the request cannot be determined as medically appropriate at this time.

Lidoderm 5% patch #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

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

Decision rationale: The California MTUS Guidelines state lidocaine is indicated for localized peripheral pain or neuropathic pain after there has been evidence of a trial of first line therapy. The injured worker has utilized this medication since 11/2013 without any evidence of objective functional improvement. There is also no mention of a failure to respond to first line therapy. There is no frequency listed in the request. Therefore, the request is not medically appropriate.

Topamax 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: The California MTUS Guidelines state Topamax has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for use for neuropathic pain when other anticonvulsants have failed. There is no documentation of a failure to respond to first line anticonvulsants. The injured worker has utilized this medication since 11/2013 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.