

Case Number:	CM14-0181797		
Date Assigned:	11/06/2014	Date of Injury:	02/01/2014
Decision Date:	12/12/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	11/03/2014

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 Interventional Spine 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 50 year old female with an injury date of 02/01/14. Based on the 07/07/14 progress report provided by [REDACTED], the patient complains of neck pain rated 4/10 that radiates into her left arm. Physical examination to the cervical spine revealed tenderness to palpation to paraspinal muscles, medial scapular muscles and bilateral trapezius. Range of motion was limited with stiffness. Per operative report dated 07/29/14, patient underwent Left C6-C7 interlaminar epidural steroid injection under fluoroscopy and C6-C7 epidurogram. The provider states under his plans of progress report dated 07/07/14, that "based on response to this injection, the patient may also qualify for a diagnostic right-sided cervical facet joint injections for evaluation/treatment of residual neck pain and right hemicrania headaches." Patient is continuing home exercise program. MRI of the Cervical Spine 05/23/14 - mild multilevel degenerative changes of the cervical intervertebral disks and facets- left posterior lateral disc osteophyte complex at C5-C6 causing moderate left C5-C6 neural foraminal narrowing. Operative Report 07/29/14- Diagnosis: cervical discogenic pain- Procedure: Left C6-C7 interlaminar epidural steroid injection under fluoroscopy C6-C7 epidurogram Diagnosis 07/07/14- headache, right- cervical spondylosis without myelopathy- cervical root lesions, NECPatient's history and physical are consistent with the following:- left cervical radiculitis in context of MRI evidence of left C5-C6 neural foraminal narrowing- right hemicrania headaches of unclear etiology, cannot exclude cervicogenic causes- history of migraines The UR determination under review is dated 09/30/14. [REDACTED] is the requesting provider and he provided treatment reports from 05/15/14 - 08/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C4 Facet Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Joint Therapeutic Steroid Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet Joint Pain; Signs & Symptoms

Decision rationale: The patient presents with neck pain rated 4/10 that radiates into her left arm. The request is for C3-C4 Facet Joint Injection. Patient's diagnosis dated 07/07/14 included cervical spondylosis without myelopathy, cervical root lesions, right hemicrania headaches of unclear etiology, and history of migraines. Patient is continuing home exercise program. ODG guidelines have the following regarding facet joint signs and symptoms: "C-spine facet: Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70 percent. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels)." Per operative report dated 07/29/14, patient underwent left C6-C7 interlaminar epidural steroid injection under fluoroscopy and C6-C7 epidurogram. Provider states under his Plan section of progress report dated 07/07/14, that "based on response to this injection, the patient may also qualify for a diagnostic right-sided cervical facet joint injections for evaluation/treatment of residual neck pain and Right hemicrania headaches." Per progress report dated 07/07/14, provider states that "patient's history and physical are consistent with left cervical radiculitis in context of MRI evidence of left C5-C6 neural foraminal narrowing." Based on ODG guidelines, facet joint injections are limited to patients with cervical pain that is non-radicular. Furthermore, provider has not documented discussion regarding C3-C4 level where the injection would be performed. The request does not meet ODG criteria. Therefore, this request is not medically necessary.

Service- Compound cream: Diclofenac 5%, Gabapentin 3%, Baclofen 2%, Cyclobenzaprine 2, Bupivacaine 1 Lidocaine, Fluticasone 1 and Menthol 1%, 240mg: Upheld

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

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

Decision rationale: The patient presents with neck pain rated 4/10 that radiates into her left arm. The request is for Service- Compound Cream: Diclofenac 5%, Gabapentin 3%, Baclofen 2%, Cyclobenzaprine 2, Bupivacaine 1 Lidocaine Fluticasone 1 and Menthol 1%, 240mg. Patient's diagnosis dated 07/07/14 included cervical spondylosis without myelopathy, cervical root lesions, right hemicrania headaches of unclear etiology, and history of migraines. Patient is continuing home exercise program. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. "MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, provider has not documented what body part would be treated. Moreover, the requested topical compound contains Baclofen, Cyclobenzaprine, and Gabapentin which are not supported for topical use per MTUS. Therefore, this request is not medically necessary.