

Case Number:	CM14-0023393		
Date Assigned:	06/04/2014	Date of Injury:	08/17/2008
Decision Date:	07/23/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/25/2014

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 Surgery 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 48 year old female who reported an injury to her neck 08/17/08. The MRI of the cervical spine dated 12/04/13 revealed previous fusion at C5 through C7. Neural foraminal narrowing was identified at the right at C3-4. A clinical note dated 03/18/14 indicated the injured worker continuing to complain of neck pain. The injured worker underwent a computed tomography (CT) scan of the cervical spine which revealed post-operative changes compatible with anterior cervical discectomy and fusion (ACDF) at C5-6 and C6-7. A clinical note dated 04/15/14 indicated the injured worker complaining of 9/10 pain. Upon exam spasms, pain, and decreased range of motion were identified throughout the neck. Facet tenderness was revealed. The injured worker demonstrated 4/5 strength in the right upper extremity. Sensation was decreased in the right C5 through C7 distributions. Tenderness to palpation was identified over the cervical trapezial region. The injured worker was identified as complaining of low back pain with associated range of motion limitations. The injured worker continued with Norco and utilized Lunesta and Nexium. The injured worker was recommended for C2 through C4 facet block. The injured worker continued with Norco to control pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CERVICAL FACET BLOCK AT C2-4 BILATERAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 CHAPTER, FACET INJECTIONS.

Decision rationale: The clinical documentation indicates the injured worker complaining of neck pain. Facet blocks are indicated for injured workers with neck pain that is non-radicular in nature. The clinical notes indicate the injured worker having specific complaints of neck pain radiating into the trapezius. The injured worker demonstrated radiculopathy manifested by strength and sensation deficits in the upper extremities. Therefore, the request for outpatient cervical facet block at C2-4 bilateral is not medically necessary.

PAIN MANAGEMENT REFERRAL: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 503.

Decision rationale: The clinical documentation indicates the injured worker continuing to complain of neck pain and low back pain. A pain management referral is indicated for injured workers in need for therapeutic management. Therefore, given the ongoing neck pain with associated radiculopathy a pain management consultation is indicated in order to provide the injured worker with a pathway to recovery as outlined by the American College of Occupational and Environmental Medicine Guidelines.

MASSAGE THERAPY, #6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE THERAPY Page(s): 60.

Decision rationale: The clinical documentation indicates the injured worker no longer undergoing conservative physical therapy as previous treatments resulted in increase in pain. Therefore, it is unclear if the injured worker is continuing with ongoing treatments. Massage therapy is recommended as an adjunct to other recommended treatments as outlined by the Chronic Pain Medical Treatment Guidelines. Therefore, given that no information was submitted regarding ongoing therapeutic interventions the additional request for massage therapy is not medically necessary.

ELECTROMYOGRAPHY OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Clinical documentation indicates the injured worker complaining of neck pain with radiculopathy identified in the upper extremities. There is an indication the injured worker has previously undergone conservative treatment addressing cervical complaints. However, no information was submitted regarding recent completion of any conservative treatment as required by the American College of Occupational and Environmental Medicine. Therefore, the request for Electromyography of the bilateral upper extremities is not medically necessary.

NORCO 10/325MG, #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented Visual Analogue Scale (VAS) pain scores for this injured worker with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the request for Norco 10/325mg #180 is not medically necessary.

LUNESTA 3MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, ESZOPICOLONE (LUNESTA).

Decision rationale: As noted in the Official Disability Guidelines, Lunesta is not recommended for long-term use, but recommended for short-term use. Current studies recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use

in the chronic phase. The injured worker has exceeded the recommended treatment window. Therefore, the request for Lunesta is not medically necessary.

NAXIUM 40MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, PROTON PUMP INHIBITORS (PPIS).

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Therefore, the request for Naxium 40mg, #30 is not medically necessary.