

Case Number:	CM14-0024894		
Date Assigned:	06/11/2014	Date of Injury:	12/01/2001
Decision Date:	08/08/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old female who reported an injury on 12/01/2001. The mechanism of injury was noted to be transferring a heavy patient. Her prior treatments were noted to be medications, physical therapy, and injections. Her diagnoses was noted to be cervical spondylosis. The injured worker presented for a clinical evaluation on 02/12/2014. She reported increased neck pain and rated her pain at a 7 out of 10. It was not controlled with medication. She indicated the pain was localized in the back of the neck and it radiated to both shoulders. The physical examination of the cervical spine found range of motion was significantly restricted with bending and rotation. It was not more than 25% of normal. She had local tenderness over the facet joints in the neck, and tightness in the paraspinal and trapezius muscles. The injured worker had a positive Spurling's test on the right. The treatment plan included a recommendation for a facet joint steroid injection as the first step in an intervention of pain and management. It is noted if she had improvement after this injection, she would be a candidate for radiofrequency ablation. The provider's rationale for the request was provided within the documentation. A request for authorization for medical treatment was provided and dated 02/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FACET JOINT INJECTION C5-6 BILATERALLY: 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 Official Disability Guidelines (ODG) Neck and Upper Back, Facet joint medial branch blocks.

Decision rationale: The request for 1 facet joint injection C5-6 bilaterally is not medically necessary. The California MTUS American College of Occupational and Environmental Medicine state there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. The official disability guidelines recommend a facet joint diagnostic block prior to facet neurotomy. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of 1 diagnostic block may be performed prior to a neurotomy, and that this be a medial branch block. Although it is suggested that the medial branch blocks and intraarticular blocks appear to provide comparable diagnostic information, the results of placebo controlled trials of neurotomy found better predicted effective with the diagnostic medial branch block. Criteria for use of diagnostic blocks for facet nerve pain include: One set of diagnostic medial branch blocks is required with a response of greater than 70% pain relief. Blocks are limited to patients with cervical pain that is nonradicular and at no more than 2 levels bilaterally. There must be documentation of failure of conservative treatment including home exercise, physical therapy and NSAIDS prior to the procedure for at least 4 to 6 weeks. No more than 2 joint levels can be injected in 1 session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The injured worker presented in a clinical evaluation with some facet joint pain signs and symptoms. However, the injured worker also presented with some radicular signs and symptoms. The injured worker was noted to have a diagnosis of radiculopathy on 09/13/2013. In the most recent clinical examination on 02/12/2014 the injured worker had a positive Spurling's test. The documentation provided with the request does not indicate the failure of conservative treatment for the past 4 to 6 weeks. Therefore, the request for 1 facet joint injection, C5 through C6 bilaterally is not medically necessary.

1 PRESCRIPTION OF GABAPENTIN 300MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16, 49.

Decision rationale: The request for 1 prescription of gabapentin 300 mg is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate a recommendation for gabapentin for neuropathic pain. Gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic

neuralgia and has been considered a first line treatment for neuropathic pain. It is indicated in the treatment plan that adding gabapentin to the injured worker's medications for neuropathic pain may be useful because the injured worker does not tolerate opioids easily. However, the provider's request fails to indicate a frequency and a quantity with the request. Therefore, the request for 1 prescription of gabapentin 300 mg is not medically necessary.