

Case Number:	CM14-0026318		
Date Assigned:	06/16/2014	Date of Injury:	10/20/2005
Decision Date:	07/16/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/03/2014

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 Neurological Surgery 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 injured worker is a 36-year-old female who was reportedly injured on October 20, 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 13, 2014 indicates that there are ongoing complaints of cervical spine pain status post C5 - C6 fusion, right arm pain, numbness and tingling in the bilateral wrists, and trouble sleeping. The physical examination demonstrated muscle spasms of the cervical spine, tenderness, and decreased range of motion. There was a positive Phalen's test in a positive Durkin's test at the bilateral wrists. There was a diagnosis of cervical spine pain status post fusion, cervical spine sprain/strain, and probable bilateral carpal tunnel syndrome. Treatment plan included upper extremity nerve conduction studies, Norco, cervical spine facet blocks, physical therapy, a Toradol injection, acupuncture, and continuation with a home exercise program. A request had been made for Norco and cervical spine facet blocks and was not certified in the pre-authorization process on February 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET BLOCK C5-7, BILATERAL, QUANTITY REQUESTED: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks, updated May 30, 2014.

Decision rationale: According to the American College of Occupational and Environmental Medicine invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. Additionally, the Official Disability Guidelines state that facet block should not be performed at the level of the previous fusion. The injured employee has a previous C5 - C6 level fusion. For these reasons this request for bilateral facet blocks from C5 through C7 is not medically necessary.

NORCO 10/325MG, QUANTITY REQUESTED: 540: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 6, page 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Opioids, long-term assessment Page(s): 88 of 127.

Decision rationale: According to the medical record there has been minimal improvement demonstrated with the use of opioids, the Chronic Pain Medical Treatment Guidelines does not endorse long-term use of opioid medications such as Norco without documentation of decrease pain, increased ability to work, and increased function and ability to perform activities of daily living. These benefits have not been stated in the medical record. For these reasons this request for Norco is not medically necessary.