

Case Number:	CM14-0035801		
Date Assigned:	06/23/2014	Date of Injury:	05/17/1999
Decision Date:	07/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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 & Rehabilitation 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 with a reported date of injury of 05/17/1999. The mechanism of injury was not provided. On 06/05/2014, the injured worker presented with neck pain, stiffness, and aching that radiated to the right arm and lower back. Current medications include Biofreeze, Toradol, Norco, Zanaflex, oxycodone, Motrin, and Soma. Upon examination there was tenderness to the cervical spine, lumbar spine, facet joint, and crepitus. There was decreased range of motion noted and bilateral joint line tenderness to palpation. The diagnoses were lumbago, low back pain, radiculitis, lumbothoracic disc degeneration lumbosacral, facet arthropathy, cervical, thoracic, or lumbar, cervical pain/cervicalgia, and myofascial pain syndrome/myalgia. The provider recommended a cervical medial branch block from C3-6, a lumbar medial branch block from L3-S1, oxycodone, Soma, and Toradol. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Medial Branch Blocks C3-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Joint Diagnostic Blocks, Neck and Upper Back Chapter.

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 Diagnostic Block.

Decision rationale: The request for cervical medial branch blocks C3-6 is non-certified. The California MTUS/ACOEM Guidelines state invasive techniques have no proven benefit for treating acute neck and upper back symptoms. The Official Disability Guidelines further state that diagnostic blocks are performed with anticipation that if successful, treatment may proceed to facet neurectomy at the diagnosed levels. The criteria for use of a diagnostic block is limited to injured workers with cervical pain that is non-radicular, no more than 2 joint levels are injected in 1 session, and failure of conservative treatment to include home exercise, PT, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The injured worker stated that she has neck pain that radiates to the right arm, and there was tenderness to palpation of the cervical spine, and decreased range of motion. The included documents lack evidence of a complete and adequate physical examination of the injured worker's deficits to include a negative Spurling's test, specific tenderness to palpation over the C3 to C6 region, significant motor strength and sensation deficits. The provider's request for cervical medial branch blocks C3-6 exceed the guidelines recommendation of no more than 2 levels injected in one session. Additionally, the provider's request does not state which side the medial branch block was intended for. As such, the request is non-certified.

Lumbar Medial Branch Blocks L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Joint Diagnostic Blocks, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Block.

Decision rationale: The request for lumbar medial branch blocks L3-S1 is non-certified. The California MTUS/ACOEM Guidelines state diagnostic and/or therapeutic injections may have benefited an injured worker presenting in the transitional phase between acute and chronic pain. The California MTUS/ACOEM Guidelines further state that criteria for use of diagnostic blocks The criteria for use of a diagnostic block is limited to injured workers with cervical pain that is non-radicular, no more than 2 joint levels are injected in 1 session, and failure of conservative treatment to include home exercise, PT, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The provider noted lumbar spine tenderness, however it was not specific over the L3-S1 region. There is an absence of a sensory examination, and evidence of a straight leg raise. The provider's request for medial branch block from L3 to S1 exceed the recommendation of the guidelines which state no more than 2 facet joint levels should be injected in 1 session. The provider's request did not indicate the side for the medial branch block. As such, the request is non-certified.

Oxycodone 15mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Opioids, Ongoing management Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for oxycodone 15 mg with a quantity of 150 is non-certified. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommended ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation for risk of aberrant drug abuse behavior, and side effects. The provider's request did not indicate the frequency of the medication. As such, the request is non-certified.

Soma 250mg #30 with x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedated Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-sedated Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The request for Soma 250 mg with a quantity of 30 and 3 refills is non-certified. The California MTUS Guidelines state that Soma is not recommended. This medication is not indicated for long term use. Abuse has been noted for sedative and relaxant effects. It is noted that the injured worker has been prescribed Soma since at least 02/14/2014, the efficacy of the medication was not provided. As the guidelines do not recommend Soma, the medication would not be indicated. The provider's request did not indicate the frequency of the medication. As such, the request is non-certified.

Toradol 60mg injection IM: 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), Pain Chapter. FDA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ketorolac (Toradol).

Decision rationale: The request for Toradol 60 mg injection IM is non-certified. The Official Disability Guidelines state that IM Toradol injection is recommended as an option to corticosteroid injections in the shoulder, with up to 3 injections. When administered intramuscularly, it may be used as an alternative to opioid therapy. NSAIDs should be used at the

lowest dose for the least amount of time, for injured workers with moderate to severe pain. It was noted that the injured worker has been given Toradol injections since at least 04/14/2014, the efficacy of the medication was not provided. The provider's request did not indicate the frequency of the medication. As such, the request is non-certified.