

Case Number:	CM14-0048098		
Date Assigned:	07/02/2014	Date of Injury:	04/06/2004
Decision Date:	08/28/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/16/2014

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 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 43-year-old male who has submitted a claim for cervicalgia, cervical disc displacement without myelopathy, lumbago, lumbar disc displacement without myelopathy, headache, and disorder of back; associated with an industrial injury date of 04/06/2004. Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck pain and back pain radiating down the right lower extremity. Physical examination showed cervical facet tenderness bilaterally, right greater than left. Range of motion was decreased with pain. DTRs were normal. Motor strength was normal. Sensation was decreased over the C7 and C8 distribution. Treatment to date has included medications, and diagnostic facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 radiofrequency neurotomy of medial branch nerves of right C5-6 & C6-7 facets by [REDACTED]. [REDACTED] @ [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Facet joint radiofrequency neurotomy.

Decision rationale: As stated on pages 300-301 of the California MTUS ACOEM Guidelines, facet Neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, the ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the patient complains of neck pain without radicular symptoms and back pain with radicular symptoms despite medications. Patient has had diagnostic facet injections on 10/16/2013 with 80% pain relief. The treatment plan is to start physical therapy after radiofrequency Neurotomy. The criteria have been met. Of note, the procedure had been accomplished on 05/02/2014. Therefore the request for one (1) radiofrequency Neurotomy of medial branch nerves of right C5-6 & C6-7 facets by [REDACTED] at [REDACTED] was medically necessary.

1 routine drug screening.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Routine drug screening; University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

Decision rationale: As stated on page 94 of the California MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'moderate risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there may be concurrent psychiatric comorbidity. Patients at 'moderate risk' for addiction and aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, the patient can be classified as 'moderate risk' as he is being treated for post-traumatic stress disorder. A Urine drug screening was performed on January 2014, however, results were not provided for review. Guidelines recommend urine drug screening 2-3 times a year, given that the patient is moderate risk for drug abuse. Therefore, the request for one (1) routine drug screening is medically necessary.