

Case Number:	CM14-0061454		
Date Assigned:	09/19/2014	Date of Injury:	10/10/2010
Decision Date:	10/17/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/02/2014

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 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 52-year-old male who sustained an injury on 10/10/10. He continued to complain of bilateral shoulder pain, right greater than left. He reported a 1-2/10 cervical pain, status post facet joint injections in June 2014. An exam showed tenderness over the cervical paraspinal muscles and facet joints, no neurological changes or deficits in the upper extremities. A shoulder exam noted mild to moderate tenderness over the acromioclavicular joint and acromion, right greater than left. Left shoulder range of motion (ROM) indicated flexion passive 120/active 180 with pain, abduction passive 150/active 180 with pain; right shoulder range of motion (ROM) noted flexion passive 90/active 120 with pain, abduction passive 75/active 100 with pain. He was able to place the back of both hands on his back and reach his thumb up to the level of T12-L1. There was positive Hawkins on right and positive bilateral Impingement test. A bilateral shoulder X-ray on 8/12/14 was normal and c-spine magnetic resonance imaging (MRI) on 07/21/11 showed at C4-5 level 2 mm right paracentral disc protrusion, mild central stenosis and moderate right foraminal narrowing at C5-6 mild disc bulge; mild facet and uncinat hypertrophy without central stenosis; mild right and moderate left foraminal narrowing at C6-7 annular disc bulge with superimposed 3 mm right foraminal disc protrusion with facet joint hypertrophy; and uncinat hypertrophy results in moderate central stenosis and moderate to severe right foraminal narrowing. Right-sided cubital and carpal tunnel surgery was performed in 2013. Medications include Klonopin and Tramadol, which was helpful in the past. He had cervical epidural injections with controlled symptoms. Diagnoses included cervical spondylosis, cervical radiculopathy, cervical disc degeneration, impingement syndrome, and bilateral shoulders. The request for bilateral facet joint injections C4-C5, C5-C6, C6-7 was modified to C5-C6 and C6-C7 bilateral diagnostic facet injections, and the request for Tramadol 50mg #60 was modified to Tramadol 50mg #60 with no refills on 04/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet joint injections C4-5, C5-6, C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet joint diagnostic blocks

Decision rationale: According to the Official Disability Guidelines (ODG), facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intraarticular and medial branch blocks if used anyway: There should be no evidence of radicular pain, spinal stenosis, or previous fusion. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the medical records do not establish the medical necessity as the above criteria are not met. There is no documentation of significant pain relief with previous blocks. There is evidence of cervical radiculopathy and prior epidural steroid injection (ESI). The request is for three levels bilaterally. There is no documentation of failure of physical therapy or plan for rehabilitation. Based on the guidelines and lack of documentation, this request is not considered medically necessary.

Tramadol 50mg #60: 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, specific drug list Tramadol (Ultram) Page(s): 74, 91-93, 113.

Decision rationale: According to the California Medical Treatment Utilization Schedule Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The California Medical Treatment Utilization Schedule Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state opioids may be continued: (a) If the injured worker has returned to work and (b) if the injured worker has

improved functioning and pain. Chronic use of opioids is not generally supported by the medical literature. In this case, the clinical information is limited and there little to no documentation of any significant improvement in pain level (i.e. Visual Analog Scale (VAS)) and function with prior use. There is no evidence of urine drug test in order to monitor compliance. There is no evidence of alternative means of pain management such as home exercise program. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Therefore, this request is not considered medically necessary.