

Case Number:	CM14-0064333		
Date Assigned:	07/11/2014	Date of Injury:	08/22/2005
Decision Date:	12/18/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/07/2014

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 Neurology, has a subspecialty in pain Medicine and is licensed to practice in Florida. 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:

6/26/14 note indicates neck pain and low back pain. There is burning in the shoulder area. There is weakness reported in the arms. The insured reports that voltaren gel, duexis are helpful. Exam reports pain in the lower neck. There is cervical and lumbar paraspinal tenderness with spasm. There are no new neurologic findings reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation C5, C6, C7: 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)

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

Decision rationale: ODG guidelines support treatment requires a diagnosis of facet joint pain. See Facet joint diagnostic blocks.v2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 3. No more than two joint levels are to be performed at one time (See Facet joint diagnostic blocks). 4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks. The

medical records provided for review do not indicate previous diagnostic blocks with demonstrated degree of improvement congruent with ODG guidelines in support of performing RFA. The request is not medically necessary.

Celebrex 200mg #0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

Decision rationale: The medical records do not report side effect related to NSAID or document a history of GI intolerance to non-selective NSAIDS. MTUS supports short term use of systemic NSAID. As such the medical records do not support the use of celebrex congruent with ODG guidelines. The request is not medically necessary.

Voltaren Gel 1% #4 tubes: 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 topical analgesics Page(s): 111.

Decision rationale: The medical records do not indicate intolerance or ineffectiveness of oral NSAID therapy. Guidelines do not support topical use of analgesics or combination topical analgesics for the control of pain in combination with oral NSAIDS. The request is not medically necessary.

Anti-inflammatory cream (Unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: There is no indication of neuropathic pain syndrome. The medical records do not indicate intolerance or ineffectiveness of oral NSAID therapy. Guidelines do not support topical use of analgesics or combination topical analgesics for the control of pain in combination with oral NSAIDS. The request is not medically necessary.