

Case Number:	CM14-0068190		
Date Assigned:	07/14/2014	Date of Injury:	08/18/2009
Decision Date:	09/23/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 47-year-old female who sustained an injury to her neck on 08/18/09 due to cumulative trauma while performing her usual and customary duties as a vision therapist; she developed intensified pain in her neck and bilateral shoulders. The injured worker has been off work since the date of injury. The injured worker consulted with her primary care physician on 01/02/09 2 days after the numbness/tingling developed in the left upper extremity. She was referred for neurodiagnostic testing, the diagnosis being left and right-sided carpal tunnel syndrome. MRI of the cervical spine revealed the presence of disc desiccation. She was administered Cortisone shots to her shoulders/wrists at which time; she was informed of the presence of blood in her urine (hematuria). She stated that apparently the problem subsequently resolved. A progress report dated 06/16/14 reported that the injured worker continued to complain of neck and upper back pain that she currently rated at 6-7/10 visual analog scale (VAS). She reported associated numbness/tingling of the bilateral hands, left greater than right. She stated that she has had 17 visits of chiropractic treatment, which she feels helped to alleviate her pain by about 30% temporarily. She is currently taking Naproxen which is helping decrease her pain approximately 60% and allows her to increase her activity level. She said that she has had some GI upset with Naproxen. Physical examination noted tenderness to palpation along C3-4, C4-5, and C5-6 facets bilaterally; pain with cervical facet loading bilaterally; decreased sensation at C6 and C7 dermatomes; 4+/5 left deltoid, biceps, and internal/external rotators; 4+/5 bilateral wrist extension/flexion, 5-/5 right deltoid/biceps strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 DIAGNOSTIC MEDIAL BRANCH BLOCKS BILATERALLY AT C4-C5 AND C5-C6 DONE UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181. 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 and upper back chapter, Facet joint diagnostic blocks.

Decision rationale: The previous request was denied on the basis that according to the report, the injured worker has attended chiropractic therapy with only 30% relief; however, has yet to trial any other forms of conservative therapy. In addition, the guideline criteria for this intervention state that there should be no evidence of radicular pain and objective findings included reduced motor strength and sensation at the requested levels, and past MRI showed disc bulges at these levels. With lacking evidence for the pain to be facet mediated, as well as limited indication for failed conservative care, the prospective request was not deemed as medically appropriate. The Official Disability Guidelines state that treatment with this modality should be limited to injured workers with cervical pain that is non-radicular and at no more than 2 levels bilaterally. There also must be documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks. Given the injured worker's radicular pain complaints and the absence of failure of conservative treatment, the request for 1 diagnostic medical branch block bilaterally at C4-5 and C5-6 done under fluoroscopy is not medically necessary.

1 DIAGNOSTIC TEST LABS TO INCLUDE LIVER AND KIDNEY FUNCTION PANELS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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) Pain chapter, Urine drug testing (UDT).

Decision rationale: The previous request was denied on the basis that the injured worker was taking Naproxen 0-2 times per day and therefore, this would not be considered a high risk or an at risk dose. There are no guideline recommendations for specific frequency in performing laboratory evaluations for chronic NSAID use and repeat testing is based on injured worker's risk factors and related symptoms suggesting a problem related to kidney/liver function. The injured worker exhibited no specific symptoms to suggest abnormality due to NSAID use and therefore, without specific indication for testing, the prospective request was not deemed as medically appropriate. After reviewing the submitted clinical documentation, there was no additional

information provided that would support the reversing the previous adverse determination. Given this, the request for diagnostic test labs to include liver and kidney function panels is not medically necessary.