

<b>Case Number:</b>	CM14-0089160		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/19/2009
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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 54 year old male who sustained work related injuries on 08/19/09. On this date he was tearing off plaster with his hammer when he fell to the ground landing on his right buttocks and right elbow. He was initially evaluated at a local ER. He had physical therapy. He previously underwent two lumbar spine, two thoracic spine, and one cervical spine epidural steroid injections with temporary relief. He previously underwent EMG/NCV of upper extremities and lower extremities revealing carpal tunnels in bilateral wrists right greater than left. Studies for the lower extremities were normal. He previously underwent cervical facet injections on 09/01/11 it was reported that [REDACTED] a pain management physician recommended facet rhizotomy in 2011. The record also noted a long standing history of drug and alcohol abuse. MRI of the cervical spine reportedly showed facet changes at C4-5 with neural foraminal narrowing and disc bulging at C5-6. He previously had facet injections with [REDACTED] at C4-5, C5-6, and C6-7 bilaterally with some improvement. Per clinical note dated 04/09/14 the injured worker had injections at C4-5 C5-6 and C6-7 bilaterally in 06/12 he had tenderness to palpation of the cervical thoracic and lumbar paraspinal muscles overlying the C4-5, C5-6, C6-7, and C7-T1 facet joints. Cervical spine range of motion was reduced. He subsequently was recommended to undergo diagnostic left C5-6 and left C7-T1 facet joint medial branch blocks to evaluate his neck pain. Utilization review non-certified request for fluoroscopically guided diagnostic left C5-6 and left C7-T1 facet joint medial branch blocks and request for Morphine ER 30mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically- Guided Diagnostic Left C5-C-6 and Left C7-T1 Facet Joint Medial Branch Block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Facet Injections

**Decision rationale:** The request for fluoroscopically guided diagnostic left C5-6 and left C7-T1 facet joint medial branch blocks is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic complaints of neck pain for which he previously underwent facet injections on at least two different occasions. It would further be noted that per the reported physical examination the injured worker has facet disease from C3-4 through C7-T1. It is unclear as to why the provider has chosen C5-6 and C7-T1. This essentially leaves open C3-4 and C6-7. Given that there is multi-levels of pathology and the provider intends to skip a level it is unlikely that these tests will either be diagnostic or result in any therapeutic benefit as such medical necessity has not been established.

**Morphine IR 30mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** The request for Morphine IR 30mg #120 is not supported as medically necessary. The submitted clinical records indicate that the injured worker was chronically maintained on Norco. Review of the prior utilization review determination indicated that this medication has been or the Norco has been denied on multiple occasions yet this medication has been continued. Records do not provide any substantive data establishing the injured worker receives functional benefit as there are no substantive changes in his pain levels or evidence of functional improvements as a result of opiate medications. The injured worker is currently not working. He was further noted to have a history of drug dependence in the interval. There has been documented as using marijuana. This places the injured worker extreme risk for abuse of this medication and therefore medical necessity is not established.