

<b>Case Number:</b>	CM14-0089637		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/05/2010
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/23/2014
<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 Physical Medicine and Rehabilitation and 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 49-year-old female who sustained an injury on 08/05/10 when she fell injuring her neck, low back, and thoracic region. MRI studies of the cervical spine were noted to show multi-level degenerative disc disease with osteophyte complex formation. The injured worker had received Toradol injections as well as acupuncture therapy treatment. The injured worker had also been recommended for facet blocks in the cervical spine from C5 to C7. The injured worker was noted to be under a narcotics contract and was reported as compliant with medications. The last evaluation was from 03/31/14. Per this report, the injured worker had continuing complaints of neck, low back, and mid-back pain. On physical examination, there was decreased range of motion noted in the cervical and lumbar spine with tenderness over the trapezial ridges. There was diminished range of motion on rotation and extension. Straight leg raise signs were reported as positive bilaterally in the lower extremities. The injured worker was again recommended for Toradol IM injections. The injured worker was not tolerating oral medications at this evaluation. There continued to be requests for C5 to C7 facet blocks. The requested facet blocks from C5 through C7 with retrospective Toradol injection given 03/31/14 as well as Norco dispensed on 03/31/14 were all denied by utilization review on 05/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5 Facet Block Bilaterally Qty: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Online Edition, Neck and Upper 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 Chapter, Facet Intraarticular injections.

**Decision rationale:** The Expert Reviewer's decision rationale:In regards to the request for facet blocks from C5 to C7, this reviewer would not have recommended this request as medically necessary. In review of the documentation submitted, there was no indication that the injured worker was being considered for radiofrequency rhizotomy procedures. Per guidelines, intraarticular facet joint blocks are not recommended for therapeutic purposes due to the insufficient documentation in the literature regarding the efficacy of these procedures. As the request does not appear to be a diagnostic request, this reviewer would not have recommended this procedure therefore, this request is not medically necessary.

**C6 Facet Block Bilaterally Qty: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Online Edition, Neck and Upper 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 Chapter, Facet Intraarticular injections.

**Decision rationale:** The Expert Reviewer's decision rationale:In regards to the request for facet blocks from C5 to C7, this reviewer would not have recommended this request as medically necessary. In review of the documentation submitted, there was no indication that the injured worker was being considered for radiofrequency rhizotomy procedures. Per guidelines, intraarticular facet joint blocks are not recommended for therapeutic purposes due to the insufficient documentation in the literature regarding the efficacy of these procedures. As the request does not appear to be a diagnostic request, this reviewer would not have recommended this procedure therefore, this request is not medically necessary.

**C7 Facet Block Bilaterally Qty:1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Online Edition, Neck and Upper 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 Chapter, Facet Intraarticular injections.

**Decision rationale:** The Expert Reviewer's decision rationale:In regards to the request for facet blocks from C5 to C7, this reviewer would not have recommended this request as medically necessary. In review of the documentation submitted, there was no indication that the injured worker was being considered for radiofrequency rhizotomy procedures. Per guidelines, intraarticular facet joint blocks are not recommended for therapeutic purposes due to the insufficient documentation in the literature regarding the efficacy of these procedures. As the request does not appear to be a diagnostic request, this reviewer would not have recommended this procedure therefore, this request is not medically necessary.

**Retro Toradol 60mg IM given on 3/31/14 Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

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

**Decision rationale:** The Expert Reviewer's decision rationale:In regards to the requested Toradol injections 60mg performed on 03/31/14, the clinical documentation submitted for review did not identify any clear objective evidence regarding cervical or lumbar radiculopathy that would have supported the use of this Corticosteroid. Per guidelines, Corticosteroid injections are recommended when there is evidence for cervical or lumbar radiculopathy only. Given the insufficient evidence regarding this condition on physical examination, this request is not medically necessary.

**Retro Norco dispensed on 3/31/14 Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 88-89.

**Decision rationale:** The Expert Reviewer's decision rationale:In review of the clinical documentation submitted, this reviewer would not have recommended the Norco provided on 03/31/14. Per the 03/31/14 report, the injured worker was not tolerating oral medications. Although the injured worker was under a narcotics contract and there were no aberrant medication findings, it is unclear why Norco was continued if the injured worker was not tolerating oral medications therefore, this request is not medically necessary.