

Case Number:	CM14-0089642		
Date Assigned:	07/23/2014	Date of Injury:	08/15/2003
Decision Date:	09/17/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	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 is licensed to practice in Nevada. 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 records presented for review indicate that this 43 year-old male was reportedly injured on 8/15/2003. The mechanism of injury is listed as a MVA. The claimant underwent a lumbar fusion at L4-S1 in March 2000. The previous utilization review references a progress note dated 3/27/2014; however, that progress note is not provided for this independent medical review. The reviewer indicates that the progress note documented ongoing complaints chronic low back pain and neck pain. On examination the patient used a cane and had an antalgic gait; tenderness in the lumbar and cervical region with decreased range of motion due to pain; normal motor, sensory and reflexes in upper extremities; mild weakness in the lower extremities with 1+ reflexes at the knee and ankle with decreased sensation in the left L5/S1 dermatome; straight leg raise and Hoffman's were negative, while cervical facet loading and Spurling's were positive. No recent diagnostic imaging studies available for review. Previous treatment includes spinal cord stimulator trial on 7/26/2012, cervical facet injection on 3/17/2014, physical therapy and medications to include Duragesic, Norco, Zanaflex, Lyrica, Celebrex and Omeprazole. A request had been made for 1 Median Branch Block C4-C5-C6 and 1 Intrathecal Trial of Prialt Injection and was not certified in the utilization review on 5/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medial branch block C4-C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines Medial Branch Block injections. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck and Upper Back (Acute and 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 & Upper Back (Acute & Chronic) - Facet Joint Injections (updated 08/04/14).

Decision rationale: MTUS/ACOEM practice guidelines do not recommend for or against cervical median branch blocks. ODG supports one cervical medial branch block for non-radicular pain after failure of conservative treatment, but no more than 2 levels are to be injected in one procedure. The claimant underwent cervical injections on 3/17/2014 and reported soreness with no improvement per the previous utilization review dated 5/23/2014. Furthermore, the current request is for C4, C5 and C6 injections. Guidelines do not support a second injection at multiple levels, and this request is not medically necessary.

1 intrathecal trial of Prilal injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prilal. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Ziconotide (Prilal®) (updated 07/10/14).

Decision rationale: MTUS/ACOEM practice guidelines do not address Prilal. ODG supports Prilal intrathecal (intraspinal) infusion pump trial as an end-stage treatment in carefully selected patients for chronic intractable pain after failure of a trial of intrathecal morphine or hydrocodone. This device is not indicated for musculoskeletal conditions or in patients with a history of mental illness due to the risk of serious neuropsychiatric adverse effects. Review of the available medical records, fails to document a trial of intrathecal morphine or hydrocodone, and the claimant is a poor candidate given their mental health history. As such, this request is not considered medically necessary.