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| Case Number: | CM14-0093645 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 02/20/2010 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 06/09/2014 |
| Priority: | Standard | Application Received: | 06/20/2014 |

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 46 year-old female who has reported mental illness and neck, back, and extremity pain after an injury on 2/20/10. Diagnoses have included degenerative disc disease, cervical radiculopathy, spinal stenosis, depression, hand pain, and knee joint pathology (anterior cruciate ligament, chondral defects, and meniscus). Electrodiagnostic testing of the lower and upper extremities in 2014 was normal. Treatment has included cervical fusion at C6-C7, right knee surgery, physical therapy, medications, and psychiatric treatment. The treating physician has repeatedly prescribed disc replacements, at C3-4 and C5-6. These were apparently not authorized. Current medications, per the psychological assessment of 5/21/14, are Valium, OxyContin, and Norco. Depression and anxiety measures were in the average range. The psychologist recommended 10 visits of psychotherapy, for management of mood and pain. Treating physician reports prior to 4/25/14 reflect ongoing and widespread pain, minimal or no discussion of function, ongoing use of opioids, neck pain radiating to the upper extremities, and radicular sensory deficits in the upper extremities. None of the treating physician reports discuss the results of the medial branch blocks performed on 4/12/13. On 4/12/13, the treating physician performed medial branch blocks at C3-5, bilaterally. Propofol was given. The blocks were stated to be for the C3-4 and C4-5 joints. Bupivacaine was used as the injectate. The procedure note states that the patient did not report on pain relief to the nursing staff, and that good pain relief was present 30 minutes after the procedure. Per the PR2 of 4/25/14, oxycodone 10 mg was not sufficient for pain relief. OxyContin and Norco were prescribed. There was no discussion of function. Per the PR2 of 5/16/14, there were falls due to back and leg symptoms. A disc replacement was requested at C5-6, with authorization pending. The neck was tender in the midline, not over the "facets". The gait was antalgic. The knees were tender with swelling. The treatment plan was for medial branch blocks. OxyContin was prescribed, in an increased dosage.

A shower chair and cane were prescribed for falls. There was no work status and no specific discussion of functional deficits and abilities. Per the PR2 of 5/23/14, there was ongoing widespread pain and depression. The neck was tender over the "facet joints" from C4 through C7. Spine range of motion was limited. Gait was antalgic. There were no neurological deficits other than decreased sensation in the L5 dermatomes. The treatment plan included psychotherapy, medial branch blocks, referral to a pain physician, hand specialist referral, and a functional restoration program. There was no discussion of specific functional deficits. On 6/9/14 Utilization Review denied the items now under Independent Medical Review. Note was made of insufficient clinical evaluation. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-6 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability guidelines, neck and upper back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Facet joint diagnostic blocks

Decision rationale: The ACOEM Guidelines page 174-5 state that there is no proven benefit from injection of the facet joints for acute neck and upper back pain. Cervical facet medial branch blocks followed by neurotomy may be useful. Facet neurotomy is indicated if there is a good response to medial branch blocks. The Official Disability Guidelines recommends against facet blocks in patients with radicular pain. The Official Disability Guidelines provide a detailed account of the indications and procedure details for medial branch blocks. Specific recommendations include number of levels to be injected, volume of injectate, use of sedatives and analgesics, and monitoring of the acute response to the injections. These issues have not been adequately addressed in the treatment request. Per these guidelines, medial branch blocks are not indicated for patients with radicular pain. This injured worker has been diagnosed with radicular pain on multiple occasions. This injured worker had prior medial branch blocks which were not mentioned in the available records since those blocks, including in the most recent records. There is insufficient evidence regarding the specific response to those blocks, including specific pain and functional benefit for the duration of the anesthetic. The procedure used a sedative, which is not recommended in the guidelines. There was no mention of stopping analgesics prior to the blocks. A repeat procedure is not medically necessary when the initial procedure was not conducted according to the guidelines, and when the benefit from that procedure was not sufficient. The treating physician has not provided sufficient information regarding the specific details of the proposed facet procedure. The available information is not sufficient to show compliance with cited guidelines. All treatment for chronic pain should have the goal of functional improvement, per the MTUS. Any treatment like medial branch blocks and possible radiofrequency ablation should therefore be in the context of specific measures to measure and increase function. This requires an accurate assessment of function, including work

status, and specific goals for increasing function. This has not occurred in this case. Facet joint diagnostic blocks are not medically necessary based on lack of a sufficiently specific prescription, lack of sufficient benefit from the prior medial branch blocks, and lack of indications per the cited guidelines. Therefore the request is not medically necessary.

follow-up evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Facet joint diagnostic blocks

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Cane: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee and leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: The MTUS does not provide direction for the use of a cane. The Official Disability Guidelines notes that canes may be used for patients with knee pain and specific joint pathology. This injured worker has documented knee pathology and has had multiple surgeries. The treating physician has documented multiple falls due to give-way episodes and knee pain. A cane may help prevent these falls and the cane would be consistent with the recommendations of the Official Disability Guidelines. The Utilization Review is overturned as the Utilization Review did not adequately address the falls and the specific guideline recommendations. Therefore the request is medically necessary.

Shower chair: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee and leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment (DME) Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below.

Decision rationale: The treating physician has described frequent falls due to pain and knee pathology. The injured worker is apparently not stable and prone to falls, including in the shower. The chair would be medically necessary to help prevent falls. As such, it is not a comfort or convenience item and is necessary for a medical purpose. This would be consistent with the Official Disability Guidelines recommendations. The Utilization Review is overturned as the Utilization Review did not adequately address the falls and the specific guideline recommendations. Therefore the request is medically necessary.

Continued psychological sessions for depression 1 X 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines no chapter cited.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 8-9, 23.

Decision rationale: The MTUS provides specific recommendations for psychotherapy in cases of chronic pain. A trial of CBT is an option, with results of treatment determined by functional improvement. The recommended quantity of visits for a CBT trial is 3-4 visits. The prescription in this case is for 8 visits, which exceeds the recommended quantity for an initial trial. The request is for continued therapy, which implies prior visits. No reports address the quantity and results of prior visits. There is no evidence of functional improvement, if prior visits were completed. The 8 visits are not medically necessary as an initial trial, and would not be medically necessary if prior visits were completed due to the lack of functional improvement. Therefore the request is not medically necessary.