

<b>Case Number:</b>	CM14-0193413		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	08/01/2001
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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:

The patient is a 63-year-old female who has submitted a claim for cervical radiculopathy, carpal tunnel syndrome, cervical spondylosis, cervical disk displacement, chronic pain syndrome, and cervical post laminectomy syndrome associated with an industrial injury date of August 1, 2001. Medical records from 2014 were reviewed. The patient complained of neck pain and back pain radiating to the right upper and lower extremities. The pain was described as aching, burning, dull, and throbbing. Aggravating factors included ascending stairs, daily activities, pushing, and pulling. Symptoms were relieved by ice, rest, trigger point injections, massage and pain medications. The pain was rated 10/10 in severity, and was relieved to 6/10 with medications. The patient likewise experienced uncontrolled left cervicogenic headaches, in an occipital nerve distribution. Occipital headaches were not relieved by conservative measures. Physical examination of the cervical spine showed limited and painful range of motion. Tenderness was noted over the trapezius. Pain was present with facet loading maneuvers in the upper cervical area. The urine drug screen from September 8, 2014 showed positive levels for benzodiazepine, opiates and tricyclic antidepressants. Treatment to date has included C6 to C7 corpectomies and C3 to C5 fusion in 2013, C6 to C7 fusion with a repaired pseudoarthrosis in 2010, cervical epidural steroid injections in 2005, and Botox injections, Premarin, Xanax, Elavil, Diclofenac, Baclofen, Senna, Neurontin, Kadian and Norco. The current treatment plan includes medial branch nerve block to address occipital headache. The patient is likewise being considered for radiofrequency rhizotomy depending on the results of the medial branch nerve block. The utilization review from October 21, 2014 denied the request for LABS: CBC (includes diff/plt), gabapentin, GGT, chem 19, EIA9 with alcohol reflex urine, acetaminophen, hydrocodone and metabolic serum, morphine-serum (Valencia), baclofen serum/plasma, urinalysis complete and TSH because of no clear rationale based on the medical records

submitted; and denied cervical medial branch nerve block 1st level, 2nd level, 3rd and subsequent levels: C2, C3 and TON on the left side and IV sedation without reason for denial.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**LABS: CBC (includes diff/plt), gabapentin, GGT, chem 19, EIA9 with alcohol+reflex urine, acetaminophen, hydrocodone and metabolic serum, morphine-serum (valencia), baclofen serum/plasma, urinalysis complete and TSH: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, the patient's current medications include Premarin, Xanax, Elavil, diclofenac, baclofen, Senna, Neurontin, Kadian and Norco. However, there is no documented rationale for the request when the urine drug screen from September 8, 2014 showed positive levels for benzodiazepine, opiates and tricyclic antidepressants. There is no documented indication that may support the request for this patient. It is unclear why a TSH should be monitored in this case. Lastly, there is no evidence of aberrant drug behavior to warrant a repeat urinalysis testing. Therefore, the request for Labs: CBC (includes diff/plt), gabapentin, GGT, chem 19, EIA9 with alcohol+reflex urine, acetaminophen, hydrocodone and metabolic serum, morphine-serum (Valencia), baclofen serum/plasma, urinalysis complete and TSH is not medically necessary.

**Cervical medial branch nerve block 1st level, 2nd level, 3rd and subsequent levels: C2, C3 and TON on the left side and IV sedation: Upheld**

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

**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 Section, Facet Joint Diagnostic Blocks

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG), Neck and Upper Back Section was used instead. ODG states that diagnostic medial branch blocks are indicated with

cervical pain that is non-radicular and at no more than two levels bilaterally; failure of conservative treatment and no more than 2 joint levels are injected in one session. In this case, the patient complained of neck pain radiating to the right upper extremity. The pain was described as aching, burning, dull, and throbbing. The pain was rated 10/10 in severity and relieved to 6/10 with medications. The patient likewise experienced uncontrolled left cervicogenic headaches in an occipital nerve distribution. Occipital headaches were not relieved by conservative measures. Physical examination of the cervical spine showed limited and painful range of motion. Tenderness was noted over the trapezius. Pain was present with facet loading maneuvers in the upper cervical area. The current treatment plan includes medial branch nerve block to address occipital headache. The patient is likewise being considered for radiofrequency rhizotomy depending on the results of the medial branch nerve block. However, the patient's clinical manifestations are primarily radicular in nature, which is not an indication for medial branch blocks. There is likewise no evidence of failure of specific conservative measures. The medical necessity cannot be established due to insufficient information. Therefore, the request for cervical medial branch nerve block 1st level, 2nd level, 3rd and subsequent levels: C2, C3 and TON on the left side and IV sedation is not medically necessary.