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| Case Number: | CM14-0195748 | | |
| Date Assigned: | 12/03/2014 | Date of Injury: | 11/30/1993 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 11/06/2014 |
| Priority: | Standard | Application Received: | 11/21/2014 |

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 Maryland. 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 seventy-year old female who sustained a work-related injury of November 30, 1993. A request for cervical facet injection C7-T1 and Trazodone HCl 100 mg #30 with 5 refills was non-certified by Utilization Review (UR) on November 6, 2014. With regard to the request for a cervical facet inject C7-T1, the UR physician determined that because the Official Disability Guidelines do not recommend facet injections when in the presence of neurologic findings and of decreased sensation as was revealed in the submitted medical record, the request was non-certified. With regard to the request for Trazodone HCl 100 mg #30 because the California MTUS does not recommend anti-depressant medications for the treatment of chronic pain, the request was noncertified. A request for independent medical (IMR) review was initiated on November 20, 2014. A review of the medical documentation submitted for IMR included a medical evaluation dated April 18, 2014 of which the evaluating physician documented that the injured worker was experiencing increasing right thumb, index and long finger numbness and pain. She reported radiation of pain from the shoulder to the hand and from the hand to the shoulder. She had minimal neck discomfort and pain. On examination, she had limited cervical extension and bilateral rotation to about 50% of expected normal and marked diminution of sensation in the right thumb, index and long fingers. An x-ray taken on 4/18/2014 revealed advanced spondylosis at C4-C7 with diminished disc height at each level. The evaluating provider recommended a cervical MRI and EMG/NCV studies. An MRI of the cervical spine on April 28, 2014 revealed multi-level cervical spondylosis with moderate to severe right foraminal stenosis and moderate left foraminal stenosis at C5 and bilateral severe foraminal stenosis at C6. A medical evaluation of May 21, 2014 indicated that the injured worker complained of increased right upper extremity pain, numbness and weakness and noticed an increase in weakness of the hand. An EMG/NCV study was schedule for June 3, 2014.

Diagnoses associated with this visit included Post laminectomy syndrome of the lumbar spine, bursitis of the hip and polysubstance dependence. A physician's report dated October 7, 2014 revealed that the injured worker was receiving therapy from a pain management provider and had tried physical therapy. There was not documentation to support any improvements in her condition related to the therapy. A nerve conduction velocity (NCV) was documented as revealing right carpal tunnel syndrome. On examination, the injured worker had diminished sensation in her long and ring fingers on both hands. The evaluating provider recommended anterior cervical discectomy and fusion and a right carpal tunnel release. The documentation provided did not reveal evidence of a diagnosis of depression or anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Injections C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants. Decision based on Non-MTUS Citation ODG, 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) Facet joint diagnostic blocks (injections)

Decision rationale: Cervical Facet Injections C7-T1 is not medically necessary per the MTUS and the ODG guidelines. The request is not clear whether these are diagnostic or therapeutic facet joint injections requested. There MTUS ACOEM states that there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. The ODG states that for therapeutic face joint injections the clinical presentation should be consistent with facet joint pain, signs & symptoms. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. The documentation indicates there is significant cervical stenosis and a 10/7/14 document states that an anterior cervical discectomy is being requested. The ODG guidelines state that for diagnostic facet joint blocks they should not be done in patients in whom a surgical procedure is anticipated. The criteria for cervical facet injections are not met and the request is not medically necessary.

Trazodone HCL 100mg Qty: 30, Refills 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress-Trazadone

Decision rationale: Trazodone HCL 100mg Qty: 30, Refills 5 The ACOEM states that antidepressants may be prescribed for major depression or psychosis; however, this is best done

in conjunction with specialty referral. The ODG states that Trazodone is recommended as an option for insomnia only for patients with potentially coexisting symptoms such as anxiety and depression. The documentation submitted reveals that this patient has been on Trazodone; however it is not clear if this was prescribed in conjunction with a specialty referral. The documentation is not clear on the efficacy of the Trazodone. The request for continued Trazodone with 5 refills is not medically necessary or appropriate.