

<b>Case Number:</b>	CM14-0201955		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	09/30/2008
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 patient is a 46 year old female with a date of injury of 9/30/08. According to treatment report dated 10/27/14, the patient presents with constant cervical spine pain that radiates to the bilateral trapezius. The patient also has numbness in the bilateral hands with frequent tingling sensation. The patient is rated as 6/10 on this date. The patient's medication regimen includes Wellbutrin, Xanax, Trazodone and Norco. The patient had a Urine drug screen on 9/10/14 with expected results. The listed diagnoses are: 1. S/P bilateral CTR (2013) 2. Recurrent right CTS and Tenosynovitis, Type II 3. Lumbar spine strain/sprain 4. Cervical spine sprain/strain, RUE radicular pain 5. Bilateral shoulder sprain/strain There was no physical examination noted on this date. Examination on 10/3/14 revealed on palpation tenderness in the bilateral cervical spine with muscle spasms. Cervical spine compression, Tinel's test at the elbow and wrist, and Phalen's test were positive bilaterally. Treatment plan is for Medial branch block at C4-5 and C5-6, post injection therapy and refill of Norco 7.5/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 bilateral medial branch cervical facet block at C4-5 and C5-6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**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 chapter, cervical facet joint diagnostic blocks

**Decision rationale:** This patient presents with constant cervical spine pain that radiates to the bilateral trapezius and numbness in the bilateral hands with frequent tingling sensation. The current request is for 1 bilateral Medial branch block cervical facet block at C4-5 and C5-6. The ODG guidelines Neck and Upper Back chapter for cervical facet joint diagnostic blocks state that they are recommended prior to facet neurotomy and are limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. For facet joint pain, signs and symptoms the ODG guidelines state that physical examination findings are generally described as, "(1) axial neck pain (either with no radiation or rarely past the shoulders); (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); & (4) absence of radicular and/or neurologic findings." In this case, recommendation cannot be made as the patient presents with neck pain that radiates into the bilateral trapezius and hands. The ODG guidelines support facet diagnostic injections for axial neck pain, with no radicular symptoms. The current request is not supported by the ODG guidelines and is not medically necessary.

**12 post-op physical therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** This patient presents with constant cervical spine pain that radiates to the bilateral trapezius and numbness in the bilateral hands with frequent tingling sensation. The current request is for 12 post op physical therapy sessions. The MTUS guidelines do not discuss post-injection physical therapy. The MTUS guidelines page 98-99 recommends for myalgia, myositis and neuralgia type symptoms 9-10 sessions over 8 weeks. The patient's treatment history includes physical therapy. The number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, given the patient's continued pain a short course of physical therapy may be warranted. However, the requested 12 sessions exceeds what is recommended by MTUS. This request is not medically necessary.

**Norco 7.5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 78.

**Decision rationale:** This patient presents with constant cervical spine pain that radiates to the bilateral trapezius and numbness in the bilateral hands with frequent tingling sensation. The current request is for Norco 7.5/325mg #60. For chronic opiate use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates that this patient has been utilizing Norco since at least 12/19/13. The patient had a Urine drug screen on 9/10/14 with expected results. Report 1/22/14 and 4/15/14 notes that the patient is compliant with medications and that medication are helping with pain. There are no adverse side effects. Report 4/15/14 indicates that cervical and lumbar spine pain is rated as 8/10. Report 8/29/14 notes that the patient is temporally disabled. Pain was rated as 6/10 on this date. In this case, the treating physician has not provided adequate documentation of the four A's for on-going and chronic opiate use. There is no before and after scale provided to show analgesia and specific functional improvement or changes in ADLs are not discussed. The treating physician has failed to document the minimum requirements of the documentation that are required by MTUS for continued opioid use. The requested Norco is not medically necessary.