MAXIMUS Federal Services

Case Number:	CM14-0205212		
Date Assigned:	12/17/2014	Date of Injury:	04/12/2004
Decision Date:	02/09/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/08/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 62-year-old male with a 4/12/04 date of injury. At the time (11/26/14) of request for authorization for Bilateral C3 & C4 medial branch block and Lidocaine 5% patch (700mg/patch) #30 with 2 refills, there is documentation of subjective (neck pain) and objective (negative facet loading test, 5/5 muscle strength in all major muscle groups, and intact sensation to light touch and pinprick) findings, current diagnoses (cervical disc degeneration), and treatment to date (medications (including Lyrica and Gabapentin) and physical therapy). Regarding Bilateral C3 & C4 medial branch block, there is no documentation of non-radicular facet mediated pain. Regarding Lidocaine 5% patch (700mg/patch) #30 with 2 refills, there is no documentation of neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3 and C4 Medial Branch Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Facet Joint Diagnostic Blocks

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

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. Official Disability Guidelines identifies documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as additional criteria necessary to support the medical necessity of facet injection. Within the medical information available for review, there is documentation of a diagnosis of cervical disc degeneration. In addition, there is documentation of non-radicular pain, failure of conservative treatment (including home exercise, physical therapy, and medications) prior to the procedure for at least 4-6 weeks and no more than 2 joint levels to be injected in one session. However, given documentation of objective (negative facet loading test) findings, there is no documentation of facet mediated pain. Therefore, based on guidelines and a review of the evidence, the request for bilateral C3 and C4 medial branch block is not medically necessary.

Lidocaine 5% patch (700mg/patch) #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. Within the medical information available for review, there is documentation of a diagnosis of cervical disc degeneration. In addition, there is documentation that atrial of first-line therapy (Gabapentin and Lyrica) has failed. However, there is no documentation of neuropathic pain. Therefore, based on guidelines and a review of the evidence, the request for Lidocaine patches is not medically necessary.