MAXIMUS Federal Services

Case Number:	CM15-0008929		
Date Assigned:	01/26/2015	Date of Injury:	08/01/2001
Decision Date:	03/27/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old female who reported an injury on 08/01/2001. The mechanism of injury was unspecified. Her diagnoses included herniated nucleus pulposus of the cervical spine, neck pain, myalgia and myositis, anxiety, chronic pain syndrome, rheumatism and fibrosis, cervical spondylosis without myelopathy, failed back surgery syndrome, tremors, cervical radiculopathy, carpal tunnel syndrome, muscle spasms, and headaches. Her past treatments included surgery, medication, and Botox injections. On 11/05/2014, the injured worker complained of severe back pain that radiated to the right ankle, left arm, right arm, right calf, right foot, and right thigh. The pain was rated 9/10 without medications and 4/10 with medications. Her medications included Senna, Norco 10/325 mg, Neurontin 600 mg, Kadian 20 mg, baclofen 20 mg, diclofenac, Xanax, and Premarin. The treatment plan included labs including CBC with differential and platelets. A rationale was not provided for review. A Request for Authorization form was not submitted.

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; Chem19, E1A9 with alcohol +rflx Urine; Acetaminophen; Hydrocodone & metabolite, serum; Morphine-serum "Valencia"; baclofen serum/plasma; Urinalysis, complete; TSH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for LABS; CBC (includes diff/plt); Gabapentin; GGT; Chem19, E1A9 with alcohol +rflx Urine; Acetaminophen; Hydrocodone & metabolite, serum; Morphine-serum "Valencia"; baclofen serum/plasma; Urinalysis, complete; TSH is not medically necessary. According to the California MTUS Guidelines, drug testing is recommended as an option to assess for the use or presence of illegal drugs. The injured worker was indicated to have been on acetaminophen, hydrocodone, morphine, and baclofen for an unspecified duration of time. However, there is lack of documentation indicating the injured worker was taking or presumed to be taking illegal drugs. In addition, there was lack of a clear rationale to indicate the medical necessity for labs and CBC to include a urinalysis. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Cervical Medial branch nerve block 1st level, 2nd level and 3rd and subsequent levels; C2, C3 and TON on left side; 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, Neck and upper back Chapter, Therapeutic facet joint injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back, Facet joint diagnostic blocks.

Decision rationale: The request for Cervical Medial branch nerve block 1st level, 2nd level and 3rd and subsequent levels; C2, C3 and TON on left side; IV sedation is not medically necessary. According to the California MTUS/ACOEM Guidelines, invasive techniques such as injections have no proven benefit in treating acute neck and upper back symptoms. More specifically, the Official Disability Guidelines indicate that facet joint diagnostic blocks may be indicated for patients who are considering a facet neurotomy following a successful diagnostic block. There should also be documentation the injured worker has cervical pain that is nonradicular, has failed conservative treatments including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The injured worker was indicated to have been recommended for a cervical medial branch block at the first, second, and third levels and subsequent levels; C2-3 and TON on the left side with IV sedation. However, there is lack of documentation to indicate the injured worker had failed conservative treatments to include home exercise and physical therapy prior to the procedure for at least 4 to 6 weeks. In addition, the guidelines do not recommend more than 2 levels are injected in 1 session. Furthermore, there was lack of documentation to indicate the injured worker had extreme anxiety to indicate

medical necessity for IV sedation. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.