MAXIMUS Federal Services

Case Number:	CM15-0137005		
Date Assigned:	07/24/2015	Date of Injury:	12/08/2012
Decision Date:	08/25/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/14/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 34 year old male, who sustained an industrial injury on 12/8/12. He has reported initial complaints of a head and neck injury after opening a cupboard and numerous heavy boxes falling on his head and neck. The diagnoses have included cervical facet joint pain and arthropathy, cervical degenerative disc disease (DDD) and cervical sprain and strain. Treatment to date has included medications work modifications, chiropractic, Functional Restoration Program, physical therapy, facet joint medial branch block, radiofrequency nerve ablation and home exercise program (HEP). The patient had received a radiofrequency ablation of the right C6-T1 on 8/29/13 and 10/13/14. Currently, as per the physician progress note dated 6/3/15, the injured worker complains of bilateral neck pain, right worse than the left. He reports aggravated axial neck pain rated 8/10 on pain scale without medication. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine. The current medications included Tramadol, Ambien, Tizanidine and Sumatriptan. There is no previous urine drug screen report noted. The physical exam reveals cervical tenderness to palpation, restricted cervical range of motion in all directions, positive neck spasms, positive cervical facet joint provocative maneuvers and sensation is decreased to touch in the right arm. The physician notes that the injured worker reported that the Tramadol is not adequately relieving the pain. The injured worker had received a previous right C6-7 and C7-T1 facet joint radiofrequency nerve ablation with over 50 percent pain relief for over six months. The previous therapy sessions were not noted. The physician requested treatments included fluoroscopically guided right C6-7 and C7-T1 facet joint radiofrequency nerve ablation and Flector patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided right C6-7 and C7-T1 facet joint radiofrequency nerve ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/26051825.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 200-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back- Facet joint diagnostic blocks.

Decision rationale: Fluoroscopically guided right C6-7 and C7-T1 facet joint radiofrequency nerve ablation is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that for radiofrequency ablation approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. No more than two joint levels are to be performed at one time. The ODG states that while repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at 50% relief. The documentation does not reveal evidence of increased function, reduction of pain medication after prior facet procedures. Furthermore, the guidelines do not recommend more than 2 joint levels at one time and the request exceeds this number. For all of these reasons the request for a fluoroscopically guided right C6-7 and C7-T1 facet joint radiofrequency nerve ablation is not medically necessary.

Flector patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Flector® patch (Diclofenac epolamine).

Decision rationale: Flector patch #30 is not medically necessary per the MTUS guidelines. Flector patch is a topical patch that is contains the non steroidal anti-inflammatory (NSAID) Diclofenac which is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The ODG states that Flector patch is FDA indicated for acute strains, sprains, and contusions. Per the ODG in 2009 the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing Diclofenac. The documentation indicates that the patient has chronic pain, specifically cervical pain. This medication is not indicated for chronic pain and has not been evaluated for spine

pain and there are not extenuating factors necessitating its use. For all of these reasons the request for Flector Patch is not medically necessary. ODG- Pain (chronic) - Flector patch (Diclofenac epolamine) Topical analgesics 111-113.