

Case Number:	CM15-0148962		
Date Assigned:	08/13/2015	Date of Injury:	11/22/2010
Decision Date:	09/21/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	07/31/2015

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: Orthopedic Surgery

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 49 year old male who sustained an industrial injury on 11-22-2010. Current diagnoses include degeneration cervical intervertebral disc, cervical spondylosis without myelopathy, brachial neuritis-radiculitis, sprain-strain shoulder/arm, sprain-strain rotator cuff, osteoarthritis local primary shoulder, traumatic arthropathy shoulder, other rotator cuff syndromes, lateral epicondylitis elbow, and sprain-strain elbow/forearm. Previous treatments included medications, surgical intervention, cervical epidural injection, home exercise program, trigger point injections, and cervical traction unit. Previous diagnostic studies include an electromyogram and nerve conduction study on 10-03-2013. Report dated 06-29-2015 noted that the injured worker presented for re-evaluation of neck, upper back, right arm, left arm, and both shoulders. The injured worker reports constant neck pain and stiffness with radiation of pain from his neck to the upper back as well as down both arms with associated numbness and tingling in both arms and hands. Also noted were frequent headaches that the injured worker associated with the neck. Pain level was not included. Current medications include Ultram, Imitrex, Xanax, Soma, Norco, and Motrin. Cervical examination was positive for restricted range of motion with some pain on extremes of motion, moderate tenderness over the cervical spinous processes, and moderate tenderness in the paraspinal muscles, mild to moderate tenderness in the trapezius muscles, and mild to moderate tenderness over the nerve roots on both sides of the neck. Upper extremity examination revealed decreased deep tendon reflexes, minor tremor in both hands, right long finger cannot be flexed, and significant tenderness to the flexor tendon. Right shoulder examination was positive for decreased range of motion, mild to moderate tenderness inferior to the acromioclavicular joint, minimal tenderness over the rotator cuff, rotational impingement test is minimally positive, shoulder flexion, external rotator cuff ,

internal rotator cuff demonstrates, and supraspinatus demonstrates grade 4 weakness, and right shoulder is slightly lower than the left shoulder. Left shoulder examination showed decreased range of motion, rotational impingement test is mildly positive, overhead impingement test is minimally positive, minimal evidence of anterior instability with manual testing, shoulder flexion, external rotator cuff, internal rotator cuff, and supraspinatus muscle all demonstrate grade 5 strength. Left elbow examination revealed mild tenderness at the lateral epicondyl, mild plus in the common extensor tendon, grade 5 strength in the wrist extensors, and mild lateral elbow pain with the wrist and elbow in extension. The treatment plan included requests for cervical epidural steroid injection, cervical medial branch blocks, cervical radio-frequency procedure versus surgery for a decompression and fusion, continue home exercise program for shoulders, continue Ultram 50 mg, Norco 10-325, Soma, Imitrex, Motrin, and Xanax (but this has not been authorized), and follow up in two months. The injured worker has been on modified work duties since 09-2014. Last cervical epidural injection was performed in 02-2014 with 90% improvement of neck, bilateral arms, and upper back symptoms and lasted for over four months. Disputed treatments include decompression and fusion at C4-7, cervical epidural steroid injection, medial branch block at C5-6 and C6-7 #2, radiofrequency ablation at C5-6 and C6-7 #2, Xanax (unknown), Ultram 50mg (unknown quantity), Norco 10/325mg (unknown quantity), and Motrin 600mg (unknown quantity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression and fusion at C4-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 180-193.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. In this case the exam notes from 6/29/15, does demonstrate an adequate course of conservative treatment has been performed for the claimant's cervical radiculopathy. Therefore the determination is for non-certification and therefore is not medically necessary.

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: According to the CA MTUS/ Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46 "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional

benefit." Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). In this case the exam notes from 6/29/15 do not demonstrate evidence of failure of conservative care. Therefore, the determination is for non-certification and therefore is not medically necessary.

Medial branch block at C5-6 and C6-7 #2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, chapter, Facet joint diagnostic blocks.

Decision rationale: CA MTUS is silent on the issue of medial branch blocks specifically. ODG, Neck chapter, Facet joint diagnostic blocks was utilized. Regarding the request for cervical medial branch block, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non- radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Additionally, it is unclear from the exam note of 6/29/15 what conservative treatment is been attempted to address the patient's cervical facet joint pain, prior to the requested cervical medial branch blocks. Finally, the patient has radicular complaints and findings. Guidelines clearly recommend against using medial branch blocks in patients with active radiculopathy. Therefore, the determination is for non-certification and therefore is not medically necessary.

Radiofrequency ablation at C5-6 and C6-7 #2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: CA MTUS/ACOEM Guidelines, Chapter 8, Neck and Upper Back Complaints, pages 174 state 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. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited. Caution is needed due to the scarcity of high-quality studies. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In this case, the required medial branch blocks are not medically necessary. Therefore, the determination is for non-certification for the associated radiofrequency ablation and therefore is not medically necessary.

Xanax (unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 24, regarding benzodiazepines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks". In this case the exam note from 6/29/15 does not demonstrate a quantitative assessment of improvement in functional activity while on the medication. In addition there is no mention of prior response to this medication, increase in activity of a urine toxicology report demonstrating compliance. Therefore the request for 6/29/15 is not medically necessary and is not certified and therefore is not medically necessary.

Ultram 50mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of 6/29/15 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore use of Tramadol is not medically necessary and it is noncertified.

Norco 10/325mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 6/29/15. Therefore, the determination is for non-certification and therefore is not medically necessary.

Motrin 600mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the CA/MTUS Chronic Pain Medical Treatment Guidelines, page 67, NSAIDs, specific recommendations are for "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008)" There is insufficient evidence to support functional improvement on Motrin or osteoarthritis from the exam note of 6/29/15 to warrant usage. Therefore the determination is non-certification and therefore is not medically necessary.