

Case Number:	CM15-0166924		
Date Assigned:	09/04/2015	Date of Injury:	04/20/2001
Decision Date:	10/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/25/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 (n) 64 year old female, who sustained an industrial injury on 4-20-01. She reported pain in her neck and left shoulder related to a fall. She subsequently underwent a C4-C5 cervical fusion in 2003. The injured worker was diagnosed as having cervical degenerative disc disease, headache, chronic pain syndrome and myalgia. Treatment to date has included physical therapy, an H-wave unit, massage therapy, a left third occipital nerve C2, C3, C4 medial branch nerve radiofrequency ablation in 2009 with 50% relief for 6 months and cervical trigger point injections. Current medications include Flexeril, Effexor, Trazodone, Motrin, Prilosec and Oxycodone (since at least 10-16-14). On 6-1-15, the injured worker rated her pain an 8 out of 10 without medications and a 3 out of 10 with medications. As of the PR2 dated 7-30-15, the injured worker reports moderate pain in her neck. She rates her pain an 8 out of 10 without medications and a 3 out of 10 with medications. Objective finding include cervical flexion 30 degrees, extension 15 degrees and rotation 15 degrees bilaterally. There is also tenderness in the trapezius and paracervical muscles. The treating physician requested a radiofrequency cervical- thoracic medial branch nerve first level and second levels C2-C3 TON on the left side and Oxycodone 15mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency cervical/thoracic medial branch nerve 1st level and 2nd levels C2-C3 TON on the left side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004), page 181-183; Official Disability Guidelines (ODG), Neck and Upper back chapter, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 - 188. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, radiofrequency Neurotomy.

Decision rationale: The patient is a 64-year-old female with an injury on 04/20/2001. She fell and has left shoulder and neck pain. In 2003, she had a C4-C5 fusion. She had a medial branch nerve radiofrequency ablation in 2009 that provided 50% relief for 6 months. On 07/30/2015, she had neck pain with decreased range of motion. Radiofrequency medial branch block is not mentioned as a recommended treatment in the MTUS, ACOEM for Neck and Upper Back problems. Also in ODG, under Neck, radiofrequency ablation has conflicting evidence and continues to be under study. There continues to be a lack of improved function noted. The requested procedure is not medically necessary.

Oxycodone HCL 15 mg Qty. 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78-79.

Decision rationale: The patient is a 64-year-old female with an injury on 04/20/2001. She fell and has left shoulder and neck pain. In 2003, she had a C4-C5 fusion. She had a medial branch nerve radiofrequency ablation in 2009 that provided 50% relief for 6 months. On 07/30/2015, she had neck pain with decreased range of motion. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. The request is not medically necessary.