

<b>Case Number:</b>	CM15-0180732		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	04/15/1997
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 71 year old male who sustained an industrial injury on 04-15-1997. Medical records indicated the worker was treated for neck sprain, brachial neuritis, and lumbosacral disc degeneration. He is situation post anterior cervical fusion C5-6 and C6-7 without improvement of pain. In the provider notes of 05-01-2015, the worker is noted to have improvement in his neck pain following a right C5-C6 and C6-C7 medial branch rhizotomy on 03-17-2015 with virtually 100% relief of right sided neck pain. That relief lasted three months followed by 50% relief thereafter. On 07-23-2015, the worker had a left C5-6 cervical facet joint-medial branch nerve injection and a left C6-C7 cervical facet joint-medial branch nerve injection under fluoroscopic guidance. In the provider notes of 08-19-2015, the worker reported a 60% improvement of symptoms for approximately 10 hours after the injection given 07-23-2015. The worker has undergone medication management and physical therapy. On a scale of 0-10, the worker rates his pain as a 9-10. His current prescriptions include Tylenol #3, Tizanide, Halcion, and Dendracin. He has a signed pain medication agreement and was reported by the provider as compliant. He has undergone random urine drug screens with the last urine drug screen performed on 04/04/2015 that showed no acetaminophen and no codeine. The documentation on 4/1/15 states that the patient is not currently using Tylenol with Codeine at that time (although documentation states that it was prescribed.) A request for authorization was submitted for 1. UDS (Urine Drug Screen); 2. Left C5-C6 and C6-C7 Medial Branch Rhizotomy under fluoroscopic guidance; 3. Transportation "to and surgery" center. A utilization review decision 08-31-2015 denied all three requests.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **UDS (Urine Drug Screen): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), treatment Index 18th Edition (Web) 2013, Treatment in Workers Compensation (TWC), Pain, Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dealing with misuse & addiction, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** UDS (Urine Drug Screen) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The ODG states that patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The documentation indicates that prior urine drug screen was negative in April for prescribed opioids; however, the provider states that the patient was currently not taking the prescribed Tylenol and Codeine. The 9/23/15 progress note states that the "current medication regimen" includes Dendracin topical for pain, however the "prescribed medications" include Tylenol with codeine. The documentation is not clear that the patient is taking opioids therefore this request is not medically necessary.

### **Left C5-C6 and C6-C7 Medial Branch Rhizotomy under fluoroscopic guidance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), treatment Index 18th Edition (Web) 2013, Treatment in Workers Compensation (TWC), Neck, and Facet Joint Radiofrequency Neurotomy.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic)- Facet joint diagnostic blocks (injections).

**Decision rationale:** Left C5-C6 and C6-C7 Medial Branch Rhizotomy under fluoroscopic guidance is not medically necessary per the MTUS and the ODG. Per documentation, the patient has undergone anterior cervical fusion at C5-6 and C6-7 in the past. The ODG states that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Left C5-C6 and C6-C7 Medial Branch Rhizotomy under fluoroscopic guidance is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that facet neurotomies should be performed only after appropriate

investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that the criteria for use of cervical facet radiofrequency neurotomy are that the patient has adequate diagnostic blocks. Per documentation, the patient has undergone anterior cervical fusion at C5-6 and C6-7 in the past. The ODG states that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The guidelines do not support facet neurotomies without appropriate investigation of controlled diagnostic blocks, which would not be supported given the fact that the patient has had a fusion at the C5-6 and C6-7 levels. The request for this medial branch rhizotomy is not medically necessary.

**Transportation "to and surgery" center:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg-Transportation (to & from appointments).

**Decision rationale:** Transportation "to and surgery" center is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that transportation is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. The documentation does not reveal that the surgical procedure is medically necessary therefore, this request is not medically necessary.