

Case Number:	CM15-0182861		
Date Assigned:	09/23/2015	Date of Injury:	04/23/2014
Decision Date:	10/28/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/17/2015

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 51 year old male who sustained an industrial injury on 04/23/2014. Medical records (04-13-2015 to 08-25-2015) indicate he is being treated for cervical displaced intervertebral disc-herniated nucleus pulposus, cervical radiculopathy, and thoracic spinal stenosis. Treatment to date has included chiropractic care, and a right T6-T7 cervical translaminar epidural steroid injection and a right T6-T7 cervical translaminar epidural (05-01-2015). The documented response to the injection was an improvement of flexion from 60 degrees with mid thoracic pain to an improvement of flexion to 100% with 50% reduced pain. Follow up of the epidural response on 07-14-2015, states that he did not have a significant pain relief from the T6-T7 cervical translaminar epidural steroid injection as he did in the past. A report of a MRI of the thoracic spine without contrast (06-02-2015) indicated a dextroconvex curvature of the thoracic spine, with apex at T9, Multilevel degenerative disc disease and facet arthropathy, mild canal stenosis at T10-T11, and mild bilateral neural foraminal narrowing at T9- T10 with mild left neural foraminal narrowing at T10-T11. In the provider notes of 7-14-2015, the injured worker is noted to have "complete alleviation of all pain with thoracic flexion and increased pain with loading of the facets on extension and extension with rotation." The worker is doing home exercises and is medicated with Anaprox, Protonix, Norco, and a compound topical pain cream. The plan is to request a Right Medial Branch Block at T5-T6, T6-T7 and T7-T8 for diagnostic purposes and a further plan to request a thoracic rhizotomy if the worker receives "significant relief" from the medial branch block. A request for authorization was submitted for a Right Medial Branch Block at T5-T6, T6-T7 and T7-T8, and Compound

Topical Cream, A utilization review decision 09/03/2015 non-certified both requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Medial Branch Block at T5-T6, T6-T7 and T7-T8: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per Guidelines, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, no more than one therapeutic intra-articular block is suggested and with positive significant pain relief of 70% for a duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Facet blocks are not recommended without defined imaging or clinical correlation not identified here. There is no report of acute flare-up, ADL limitation, progressive deficits or functional change for this chronic injury in terms of increased ADLs, decreased pharmacological profile and dosing along with decreased medical utilization from treatment previously rendered. Additionally, facet injections/blocks are not recommended in patients who may exhibit radicular symptoms with identified spinal stenosis s/p recent epidural injections, or performed over 2 joint levels concurrently (T5, T6, T7, T8) and at any previous surgical sites. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury. Submitted reports have not demonstrated support outside guidelines criteria. The Right Medial Branch Block at T5-T6, T6-T7 and T7-T8 is not medically necessary and appropriate.

Compound Topical Cream,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this

chronic injury without documented functional improvement from treatment already rendered. The Compound Topical Cream is not medically necessary and appropriate.