

Case Number:	CM15-0183446		
Date Assigned:	09/24/2015	Date of Injury:	02/02/2002
Decision Date:	10/29/2015	UR Denial Date:	08/18/2015
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: Emergency 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:

This is a male with a date of injury on 2-2-2002. A review of the medical records indicates that the injured worker is undergoing treatment for facet arthritis. According to the progress report dated 8-10-2015, "neck pain is coming back." On a questionnaire form the injured worker indicated disabling pain that can last into the next day and is caused by activities that ordinarily produce only mild discomfort rated ten out of ten. He also indicated sensations of tingling of numbness in the hand or arm increase when reaching overhead or outwards rated ten out of ten. Objective findings revealed limited and painful neck range of motion. Prior treatments were not documented in the submitted medical records. The original Utilization Review (UR) (8-18-2015) denied requests for bilateral cervical facet blocks with radiofrequency and with sedation C2, 3 - C5, 6; MS Contin and MS Morphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical facet block with RF and with sedation C2-3, C5-6: 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), Online Edition, Neck and Upper Back Chapter, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Surgical Considerations.

Decision rationale: The requested bilateral cervical facet block with RF and with sedation C2-3, C5-6, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The injured worker noted that "neck pain is coming back." On a questionnaire form the injured worker indicated disabling pain that can last into the next day and is caused by activities that ordinarily produce only mild discomfort rated ten out of ten. He also indicated sensations of tingling of numbness in the hand or arm increase when reaching overhead or outwards rated ten out of ten. Objective findings revealed limited and painful neck range of motion. Prior treatments were not documented in the submitted medical records. The treating physician does not document the intention of proceeding with a subsequent facet neurotomy if the diagnostic blocks produce the required positive result. The criteria noted above not having been met, bilateral cervical facet block with RF and with sedation C2-3, C5-6 is not medically necessary.

MS Contin 30mg #90: 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): Opioids for chronic pain.

Decision rationale: The requested MS Contin 30mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker noted that "neck pain is coming back." On a questionnaire form the injured worker indicated disabling pain that can last into the next day and is caused by activities that ordinarily produce only mild discomfort rated ten out of ten. He also indicated sensations of tingling of numbness in the hand or arm increase when reaching overhead or outwards rated ten out of ten. Objective findings revealed limited and painful neck range of motion. Prior treatments were not documented in the submitted medical records. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, MS Contin 30mg #90 is not medically necessary.

MS Morphine 15mg #180: 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): Opioids for chronic pain.

Decision rationale: The requested MS Morphine 15mg #180 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker noted that "neck pain is coming back." On a questionnaire form the injured worker indicated disabling pain that can last into the next day and is caused by activities that ordinarily produce only mild discomfort rated ten out of ten. He also indicated sensations of tingling or numbness in the hand or arm increase when reaching overhead or outwards rated ten out of ten. Objective findings revealed limited and painful neck range of motion. Prior treatments were not documented in the submitted medical records. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, MS Morphine 15mg #180 is not medically necessary.