

Case Number:	CM15-0196653		
Date Assigned:	10/12/2015	Date of Injury:	11/09/2011
Decision Date:	11/23/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/06/2015

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, Montana, California
 Certification(s)/Specialty: Neurological 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 female, who sustained an industrial injury on 11-9-11. Medical records indicate that the injured worker is undergoing treatment for cervical facet arthropathy, myofascial strain cervicgia, cervical herniated nucleus pulposus, cervical degenerative disc disease, cervical stenosis, thoracic radiculitis, thoracic stenosis, thoracic disc disease and back pain. The injured worker was currently not working. On (9-19-15) the injured worker complained of neck pain and mid and low back pain. The neck pain was rated 4 out of 10 and the back pain was rated 4 out of 10 on the visual analogue scale. Examination of the cervical spine revealed a mildly limited cervical rotation and radiation of symptoms with left cervical extension. Tenderness to palpation was noted over the cervical three through cervical seven vertebrae, bilateral trapezius muscles and rhomboid muscles. Sensation was decreased in the left cervical seven and cervical eight dermatomes. The injured worker noted to have had a rhizotomy on 3-13-15 with 70 % relief of the left sided neck pain. The injured worker noted that the effects from the cervical rhizotomy were slowly wearing off. Subsequent progress reports (7-15-15, 8-18-15 and 8-24-15) note that the injured workers neck pain levels were consistent at 2-4 and the back pain levels 6-7 out of 10. Treatment and evaluation to date has included medications, electrodiagnostic studies, MRI, cervical epidural steroid injections, cervical rhizotomy, thoracic transforaminal epidural steroid injections, radiofrequency ablation, cervical medial branch block, physical therapy, chiropractic treatments and cervical spine surgery. Current medications include Cymbalta, Synthroid, Simvastatin, Lisinopril, Medical Marijuana, Nabumetone, Lunesta (since at least April of 2015), Zanaflex and Norco (since at least April of 2015). The progress report

dated 9-9-1 notes that Norco brings down the injured workers pain level from 9 out of 10 to 5 out of 10 and allows her to complete activities of daily living. Lunesta was noted to help the injured workers quality of sleep and allowed her to sleep longer. The request for authorization dated 9-9-15 included requests for a rhizotomy to the left cervical 4-5 # 1, rhizotomy to the left cervical 5-6 # 1, rhizotomy to the left cervical 6-7 # 1, Lunesta 2 mg # 30 and Norco 7.5-325 mg # 90. The Utilization Review documentation dated 10-2-15 non-certified the requests for a rhizotomy to the left cervical 4-5 # 1, rhizotomy to the left cervical 5-6 # 1, rhizotomy to the left cervical 6-7 # 1 and Lunesta 2 mg # 30 and modified the request for Norco 7.5-325 mg # 53 (original request # 90).

IMR ISSUES, DECISIONS AND RATIONALES

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

Rhizotomy, left cervical C4-C5, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for use of Facet Joint radiofrequency rhizotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter-Facet Joint Radiofrequency Neurotomy.

Decision rationale: The documentation shows that in addition to the left cervical C4-5 rhizotomy, C-5-6 and C6-7 rhizotomies are requested as well. The ODG guidelines do not recommend more than two rhizotomies be accomplished at a time. The criteria also require greater than fifty per cent improvement for 12 weeks be followed by the first rhizotomy before a repeat might be performed greater than six months later. Measures of improvement include reduction in analgesic medication and increased functionality.

Rhizotomy, left cervical C5-C6, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for use of Facet Joint radiofrequency rhizotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter-Facet Joint Radiofrequency Neurotomy.

Decision rationale: The documentation shows that in addition to the left cervical C5-6 rhizotomy, C-4-5 and C6-7 rhizotomies are requested as well. The ODG guidelines do not recommend more than two rhizotomies be accomplished at a time. The criteria also require greater than fifty per cent improvement for 12 weeks be followed by the first rhizotomy before a repeat might be performed greater than six months later. Measures of improvement include reduction in analgesic medication and increased functionality.

Rhizotomy, left cervical C6-C7, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for use of Facet Joint radiofrequency rhizotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter-Facet Joint Radiofrequency Neurotomy.

Decision rationale: The documentation shows that in addition to the left cervical C6-7 rhizotomy, C-4-5 and C5-6 rhizotomies are requested as well. The ODG guidelines do not recommend more than two rhizotomies be accomplished at a time. The criteria also require greater than fifty per cent improvement for 12 weeks be followed by the first rhizotomy before a repeat might be performed greater than six months later. Measures of improvement include reduction in analgesic medication and increased functionality.

Norco 7.5/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids for neuropathic pain, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The MTUS guidelines recommend opioids for short-term pain relief. They note that failure to respond to a time-limited course suggests reassessment and consideration of alternative therapies. Weaning is recommended as well as following the 4 A's. Documentation does not provide evidence these recommendations have been considered. The Guidelines note that opioids are rarely beneficial in mechanical and compressive etiologies. In that the patient reportedly improved after the initial rhizotomies, an optimum opportunity to wean was lost. The requested treatment: Norco 7.5/325 mg Qty 90 Is NOT medically necessary and appropriate.

Lunesta 2 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Lunesta/Ambien.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications Chapter-Insomnia treatment-eszopicolone.

Decision rationale: The ODG guidelines note that sleep aids are given based on the etiology of the insomnia. Documentation shows that tramadol has been prescribed at the hour of sleep. Documentation thus suggests pain is considered a cause of the insomnia. The guidelines note that eszopicolone is the only FDA benzodiazepine-receptor agonist approved for use longer than 35 days. Documentation does not explain why it is prescribed in addition to the tramadol. The requested treatment: Lunesta 2 mg Qty 30 is NOT medically necessary and appropriate.