

<b>Case Number:</b>	CM15-0204919		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	03/16/1988
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 77 year old male, who sustained an industrial injury on 3-16-1988. The injured worker is being treated for chronic migraine, lumbar post-laminectomy syndrome, reflex sympathetic dystrophy upper limb, lumbar-lumbosacral disc degeneration, and cervical disc displacement with myelopathy, chronic pain syndrome and cervical myelomalacia. Treatment to date has included multiple surgical interventions (cervical fusion, 1988, with revision in 2002, cervical hardware placed in 2010 and lumbar fusion L5-S1, 2011), sympathetic block, epidural steroid injection, trigger point injection, aqua therapy, acupuncture and chiropractic care. Per the Primary Treating Physician's Progress Report dated 6-09-2015 the injured worker presented for pain management reevaluation. He reported continuing severe head pain, mostly throbbing in the right frontal region for which pain medication was not helping. He also reported bilateral arm and ankle pain and lumbar spine pain. Objective findings included tenderness to palpation over the right sub occipital region, right and left upper cervical facets, right mid cervical facets, with right trapezius spasm and left trapezius spasm. There is not documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Work status was retired. Disability status was permanent and stationary. The plan of care included continuation of current medications, ice and moist heat, Botox and follow-up care. On 10-08-2015, Utilization Review non-certified a request for right C2, C3 and C4 radiofrequency thermocoagulation and one urine drug screen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **One (1) right C2, C3 and C4 radiofrequency thermocoagulation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic): Facet joint radiofrequency neurotomy and facet joint diagnostic blocks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pulsed radiofrequency treatment (PRF). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint radiofrequency neurotomy.

**Decision rationale:** MTUS only discusses radiofrequency thermocoagulation in context of Pulsed radiofrequency treatment, therefore other guidelines were utilized. ODG states regarding cervical radiofrequency ablation, "Under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function." ODG states additional criteria: 1. Treatment requires a diagnosis of facet joint pain. See Facet joint diagnostic blocks. 2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 3. No more than two joint levels are to be performed at one time (See Facet joint diagnostic blocks). 4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. 6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. ODG further details, "No pain medication should be taken for four hours prior to the block, and no IV sedation (except for cases of extreme anxiety)." The current request is for IV sedation. No documentation or evaluation for anxiety is noted in the medical records. While the treating physician has met some of the criteria above, the request is for 3 levels and guidelines recommend no more than 2 levels at a time per procedure. As such, the request for One (1) right C2, C3 and C4 radiofrequency thermocoagulation is not medically necessary at this time.

### **One (1) urine drug screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids once during January-June and another July-December." This patient's opioids have been non-certified. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for One (1) urine drug screen is not medically necessary.