

Case Number:	CM15-0027048		
Date Assigned:	02/19/2015	Date of Injury:	06/27/2002
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/12/2015

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 44 year old male, who sustained a work/ industrial injury on 6/27/02 as a heavy equipment operator while using a pry bar. He has reported symptoms of bilateral occipital headaches, neck pain, mid thoracic pain with spasms, bilateral shoulder pain, bilateral wrist pain, rated 3/10. Prior medical history includes: right carpal tunnel release, right cubital tunnel release, and left carpal tunnel release. The diagnosis have included chronic pain syndrome. Treatments to date included medial branch blocks, radiofrequency lesioning of the medial branches of the posterior rams at levels left C2-3. Diagnostics included an MRI scans that demonstrated right paracentral disc protrusion at C3-4 and C5-6 level with effacement of C4 nerve root and bilateral facet arthropathy. The thoracic area showed posterior protrusion at T3-4 without any cord deformity or stenosis. Congenital narrowing and small protrusion at C6-7 level. An electromyogram noted bilateral cervical radiculopathy at multiple levels from C4 to C6-7 bilaterally. Medications included Bupropion and Naprosyn. On 1/28/15, Utilization Review modified Bupropion 100mg QTY: 270.00 to Bupropion 100 mg QTY: 180; and non certification of Radiofrequency lesioning of medial branches, Right C2-C3 level QTY: 1.00; Radiofrequency lesioning of medial branches: Right C4 QTY: 1.00, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion 100mg QTY: 270.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTIDEPRESSANTS; Bupropion (Wellbutrin) Page(s): 13-16.

Decision rationale: Based on treater report dated 01/16/15, the patient presents with bilateral occipital headaches, neck pain, mid thoracic pain with spasms, bilateral shoulder pain, bilateral wrist pain. The request is for BUPROPION 100MG #270. Patient's diagnosis per RFA dated 04/18/14 included chronic pain syndrome. Diagnostics included an MRI scan that demonstrated right paracentral disc protrusion at C3-4 and C5-6 level with effacement of C4 nerve root and bilateral facet arthropathy. The thoracic area showed posterior protrusion at T3-4 without any cord deformity or stenosis. Congenital narrowing and small protrusion at C6-7 level. An electromyogram noted bilateral cervical radiculopathy at multiple levels from C4 to C6-7 bilaterally. Patient's current medications include Wellbutrin, Norco, Tylenol, Advil, and Cymbalta. Patient has returned to work full time, and is permanent and stationary, per treater report dated 01/16/15. MTUS guidelines under: SPECIFIC ANTIDEPRESSANTS, page 16, for Bupropion (Wellbutrin) states this is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain MTUS Guidelines regarding antidepressants page 13 to 15 states. While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy on patient with non-neuropathic chronic low back pain. The patient has been utilizing Bupropion per treater reports dated 04/18/14, 06/13/14 and 01/16/15 for depression due to his chronic pain and obesity. Per progress report dated 01/16/15, treater states pain is rated 3/10 with, and 10/10 without medications. The patient has returned to work, per treater report dated 01/16/15. Treater has documented that the patient presents with depression, significant decrease in pain and increase in function. The request appears reasonable and in accordance with guideline indications. Therefore, the request IS medically necessary.

Radiofrequency lesioning of medial branches, Right C2-C3 level QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Medial branch blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks.

Decision rationale: Based on treater report dated 01/16/15, the patient presents with bilateral occipital headaches, neck pain, mid thoracic pain with spasms, bilateral shoulder pain, bilateral wrist pain rated 3/10 with, and 10/10 without medications. The request is for RADIOFREQUENCY LESIONING OF MEDIAL BRANCHES, RIGHT C2-3 LEVEL.

Physical examination to the cervical spine on 01/16/15 revealed restricted and painful range of motion on left rotation and left lateral bending. Prior medical history includes: right carpal tunnel release, right cubital tunnel release, and left carpal tunnel release. Treatments to date included medial branch blocks, radiofrequency lesioning of the medial branches of the posterior rami at levels left C2-3. Patient's current medications include Norco, Tylenol, Advil, Cymbalta and Wellbutrin/Bupropion. Patient has returned to work full time, and is permanent and stationary. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facet neurotomy (a procedure that is considered under study). Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: "1) axial pain, either with no radiation or severely past the shoulders; 2) tenderness to palpation in the paravertebral areas, over the facet region; 3) decreased range of motion, particularly with extension and rotation; and 4) absence of radicular and/or neurologic findings." Per treater report dated 01/16/15, treater requested the radiofrequency ablation to "increase strength and mobility, as the pain relief allows for the patient to perform more exercise." Per operative report dated 08/29/14, patient underwent radiofrequency ablation to LEFT C3, C2-3, C2 and patient reported to have "relief greater than 80 percent. Treater has not discussed reason for requesting radiofrequency ablation to the RIGHT C2-3. Physical examination findings to the cervical spine were unremarkable for facet joint pain, signs and symptoms. Electromyogram noted bilateral cervical radiculopathy at multiple levels from C4 to C6-7 bilaterally. Guidelines state the procedure is limited to patients with cervical pain that is non-radicular. Furthermore, there is no documentation of a medial branch block performed prior to this request for neurotomy showing response of 70%. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary

Radiofrequency lesioning of medial branches: Right C4 QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Medial branch blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks.

Decision rationale: Based on treater report dated 01/16/15, the patient presents with bilateral occipital headaches, neck pain, mid thoracic pain with spasms, bilateral shoulder pain, bilateral wrist pain rated 3/10 with, and 10/10 without medications. The request is for RADIOFREQUENCY LESIONING OF MEDIAL BRANCHES, RIGHT C4. Physical examination to the cervical spine on 01/16/15 revealed restricted and painful range of motion on left rotation and left lateral bending. Prior medical history includes: right carpal tunnel release, right cubital tunnel release, and left carpal tunnel release. Treatments to date included medial branch blocks, radiofrequency lesioning of the medial branches of the posterior rami at levels left C2-3. Patient's current medications include Norco, Tylenol, Advil, Cymbalta and Wellbutrin/Bupropion. Patient has returned to work full time, and is permanent and stationary. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facet neurotomy (a procedure that is considered "under study"). Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: "1) axial pain, either with no radiation or severely past the shoulders; 2) tenderness to palpation in the paravertebral areas, over the facet region; 3) decreased range of motion, particularly with extension and rotation; and 4) absence of radicular and/or neurologic findings." Per treater report dated 01/16/15, treater requested the radiofrequency ablation to "increase strength and mobility, as the pain relief allows for the patient to perform more exercise." Per operative report dated 08/29/14, patient underwent radiofrequency ablation to LEFT C3, C2-3, C2 and patient reported to have "relief greater than 80 percent." Treater has not discussed reason for requesting radiofrequency ablation to the

RIGHT C2-3. Physical examination findings to the cervical spine were unremarkable for facet joint pain, signs and symptoms. Electromyogram noted bilateral cervical radiculopathy at multiple levels from C4 to C6-7 bilaterally. Guidelines state the procedure is limited to patients with cervical pain that is non-radicular. Furthermore, there is no documentation of a medial branch block performed prior to this request for neurotomy showing response of 70%. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.