MAXIMUS Federal Services

Case Number:	CM15-0028620		
Date Assigned:	02/20/2015	Date of Injury:	12/03/2013
Decision Date:	04/02/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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: Preventive Medicine, Occupational 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 59 year old female sustained a work related injury on 12/03/2013. According to a progress report dated 01/15/2015, the injured worker complained of lower/mid/upper back pain, neck pain, bilateral shoulder pain and bilateral leg pain. Pain was rated 6 on a scale of 1-10. She also reported neck stiffness, headaches, pain radiating into the buttocks and radiating pain down both legs and muscle weakness. She reported that her stomach was very sensitive to medications. She tried Vicodin in the past and it caused severe nausea, dizziness, constipation and upset stomach. Current medications included Gabapentin, Venlafaxine, Trazadone and Voltaren Gel. The injured worker had undergone acupuncture and physical therapy with positive results. The injured worker desired minimal medications. According to a progress report dated 11/13/2014, the injured worker had completed 8 out of 12 sessions of acupuncture. On 01/30/2015, Utilization Review non-certified cervical facet joint medial branch block at C6-7, C7 & T1 under fluoroscopy guidance, Ondansetron 4mg #10 with 1 refill, New TENS unit; application of surface neuro stimulator w/C. M.S. supplies and additions 6 sessions of acupuncture. In regard the cervical facet joint medial branch block, there should be no more than two levels injected. The request was asking for three. CA MTUS ACOEM Chapter 8, page 181-183 was referenced. In regard to Ondansetron, it is not recommended for nausea and vomiting secondary to opioid use. Although the injured worker stated her stomach was sensitive, she was not having symptoms. Official Disability Guidelines were referenced. In regard to the new TENS unit, the request did not state whether it was for rental or purchase. Guidelines recommend a 30 day purchase. There was lack of documentation as to which body part the unit was to be used on and

lack of functional deficits within the examination. CA MTUS Chronic Pain Medical Treatment Guidelines pages 114, 116 were referenced. In regard to acupuncture, there was a lack of documentation of functional deficits and the amount of sessions previously received. CA MTUS Acupuncture Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Joint Medial Branch Block at C6-7, C7, & T1 under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014 ,l Neck & Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic), Facet joint therapeutic steroid injections.

Decision rationale: According to the Official Disability Guidelines, cervical facet joint therapeutic steroid injections are not recommended. Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. The medical record fails to document all of the above criteria. Cervical Facet Joint Medial Branch Block at C6-7, C7, & T1 under fluoroscopy guidance is not medically necessary.

Ondansetron 4mg #10 with 1 refill: 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), Treatment Index, 11th Edition (web), 2014, Pain/ Antiemetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Ondansetron (Zofran).

Decision rationale: There is no documentation that the patient is suffering nausea or vomiting due to any of the approved indications for ontansetron. Current approved indications include

nausea as a result of cancer chemotherapy, radiation of the abdomen or total body radiotherapy, or postoperative nausea/vomiting. Ondansetron not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is not medically necessary.

New TENS unit; application of surface neuro stimulator w/C M.S supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114, 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 68.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed. Purchase of a TENS unit is not medically necessary. New TENS unit; application of surface neuro stimulator w/C M.S supplies is not medically necessary.

Additional 6 sessions of Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). There is no documentation in the medical record that the patient has had functional improvement with the trial of visits of acupuncture previously authorized. Additional 6 sessions of Acupuncture is not medically necessary.