

Case Number:	CM15-0037484		
Date Assigned:	03/05/2015	Date of Injury:	05/05/2009
Decision Date:	04/14/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/27/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 46 year old male, who sustained an industrial injury reported on 5/5/2009. He reported constant right-sided migraine headaches, muscle spasms of the neck and shoulders and radiating neck pain, and no sleep without Lunesta. The diagnoses were noted to include thoracic outlet syndrome; and a pinched nerve in the cervical 6 nerve; headaches; cervicalgia; degeneration of cervical intervertebral disc; lumbago; and acromioclavicular joint pain. Treatments to date have included consultations; multiple diagnostic imaging studies; physical therapy; traction; massage therapy; aquatic therapy; brace; acupuncture treatment; chiropractic treatments; epidural and facet blocks; rhizotomy ; spinal stimulator; cervical fusion surgery (5/23/12); and medication management. The work status classification for this injured worker (IW) was not noted. On 2/15/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/28/2015, for bilateral cervical radiofrequency ablation, cervical 4-6, guidance of local needle epidurography with conscious sedation; and Soma #60; The American College of Occupational and Environmental Medicine Guidelines, chapter 8 (neck & upper back complaints), facet joint radiofrequency neurotomy; and the Official Disability Guidelines, neck & upper back (acute & chronic), Carisoprodol (Soma), were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Cervical Radiofrequency Ablation C4-C6, guidance of local needle epidurography with conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 301.

Decision rationale: According to MTUS guidelines, there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. There is no documentation of significant pain improvement with a previous diagnosis medial branch block. There no documentation of cervical facets at C4-6 is the main pain generator. There is no clear documentation of the efficacy of previous facets injections. Therefore, the request for 1 bilateral cervical radiofrequency ablation C4-C6, guidance of local needle epidurography with conscious sedation is not medically necessary.

Soma #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal 350, Vanadom, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, there is no documentation of muscle spasms, cramping or trigger points that require treatment with a muscle relaxant. There is no justification for prolonged use of soma. The request for Soma #60 is not medically necessary.