

<b>Case Number:</b>	CM15-0055438		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	04/09/2001
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 48-year-old male, who sustained an industrial injury on 4/9/2001. Diagnoses have included facet syndrome C6-7, arthrodesis C4 through C7, neuropathic pain and cervical post laminectomy syndrome. Treatment to date has included cervical spine surgery, cervical medial branch neurotomies and medication. According to the progress report dated 2/20/2015, the injured worker complained of constant neck pain and intermittent arm pain. He reported being in bed almost the entire day. He was not taking medication except for an occasional Advil and an occasional oxycodone. Physical exam revealed that the injured worker appeared to be in severe pain; he could not move his neck. Palpation of the neck was severely painful at the C7-T1 facets bilaterally and mildly painful at the C3-4 facets. Authorization was requested for medial branch blocks at C7-T1 bilaterally and oxycodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Blocks at C7-T1 bilaterally:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181. Decision based on Non-MTUS Citation Official

Disability Guidelines, Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks, Criteria for the use of diagnostic blocks for facet nerve pain.

**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 Chapter, under Facet joint diagnostic blocks.

**Decision rationale:** The patient presents with constant neck pain rated 9/10 and intermittent arm pain rated 7/10. The request is for MEDIAL BRANCH BLOCKS AT C7-T1 BILATERALLY. The RFA provided is dated 03/09/15. Physical examinations found the patient in severe pain; he could not move his neck. Palpation of the neck was severely painful at the C7-T1 facets bilaterally and mildly painful at the C3-4 facets. Patient's diagnosis included facet syndrome C6-7, arthrodesis C4 through C7, neuropathic pain, and cervical post laminectomy syndrome. Per the medical record dated 12/03/13, the patient has undergone bilateral radiofrequency medial branch at C2, C3, and C4. The subsequent reports do not provide information regarding functional improvements as a result of these injections. Additionally, the patient has had fusion at C4-5 and C6-7. Patient is permanent and stationary. ODG-TWC, Neck and Upper Back 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. 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. 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." The request is for evaluation regarding possible facet joint syndrome, and the treater would like to perform medial branch diagnostic blocks. Documentation provided does not indicate that this patient has had prior facet joint injections at the requested level. The request is for evaluation at C7-T1 and the patient has had prior fusion at C4-7. The patient underwent C2-4 RF ablation recently but the treater does not report on the patient's response. In this case, the patient presents with radiating symptoms into the arms, for which facet evaluation is not recommended. The request IS NOT medically necessary.

**Oxycodone 30mg #120 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with constant neck pain rated 9/10 and intermittent arm pain rated 7/10. The request is for OXYCODONE 30MG #120 WITH 2 REFILLS. The RFA provided is dated 11/21/14. Physical examinations found the patient in severe pain; he could not move his neck. Palpation of the neck was severely painful at the C7-T1 facets bilaterally and mildly painful at the C3-4 facets. Patient's diagnosis included facet syndrome C6-7, arthrodesis C4 through C7, neuropathic pain, and cervical post laminectomy syndrome. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The prescription for Oxycodone is first noted in the progress report dated 05/21/14 and the patient has been using the medication consistently at least since then. The patient reportedly continues to experience severe pain despite opiate therapy. Treater has not stated how Oxycodone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments that address analgesia and there are no discussions regarding adverse reactions, aberrant drug behavior, ADL's, UDS's, opioid pain agreement, or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.