MAXIMUS Federal Services

Case Number:	CM14-0137514		
Date Assigned:	09/05/2014	Date of Injury:	10/28/2010
Decision Date:	09/29/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

After careful review of the medical records, this is a 53 year old male with complaints of neck pain, bilateral scapular pain, bilateral shoulder pain, and low back pain. The date of injury is 5/26/10 and the mechanism of injury is not elicited from the records supplied. At the time of request for fluoroscopically guided diagnostic right T5-6, T6-7 facet joint medial branch blocks and oxycontin 40mg #60, there is subjective (neck pain, shoulder pain, low back pain) and objective (tenderness to palpation cervical paraspinal musculature, tenderness to palpation over right T5/6,C6/7 paraspinal musculature facet joints, tenderness to palpation lumbar facet L4/5,L5/S1, impingement sign positive bilateral shoulder, restricted range of motion shoulders, lumbar and cervical spine restricted range of motion extension worse than flexion) findings, imaging findings (no reports supplied), diagnoses (cervical facet joint arthropathy, thoracic facet joint arthropathy, lumbar facet joint arthropathy, left shoulder internal derangement, s/p left shoulder arthroscopic decompression), and treatment to date (medications, surgery). Unfortunately, there is limited research on therapeutic blocks or neurotomies in the thoracic region. The two main randomized prospective studies referenced by Manchikanti focus on cervical and lumbar facet medial branch neurotomy. A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided diagnostic right T5-6, T6-7 facet joint medial branch block: 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-Lumbar and Thoracic (Acute and Chronic) Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (acute & chronic), Facet injection, thoracic.

Decision rationale: Per ODG Evidence Based Decision Support, thoracic facet injections (nerve block or intra-articular) are not recommended. Unfortunately, there is limited research on therapeutic blocks or neurotomies in this region. The two main randomized prospective studies referenced by Manchikanti focus on cervical and lumbar facet medial branch neurotomy. Therefore, the request for fluoroscopically guided diagnostic right T5-6,C6-7 is not medically necessary.

Oxycontin 40mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do support/supply this information, it is my opinion that the request for oxycontin 40mg #60 is medically necessary.